

**PART 1**  
**INVITATION TO BID**

**SBD1**

|                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>                                                                                                                    |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>BID NUMBER:</b>                                                                                                                                                                                                  | SCMU3-P26/27-0485-PED                                                                                                                                                                              | <b>CLOSING DATE:</b> | 31 JULY 2026                                                                    | <b>CLOSING TIME:</b>                                     | 11H00                                                                                                |
| <b>DESCRIPTION</b>                                                                                                                                                                                                  | REQUEST FOR A COMMITMENT TO RECRUIT AND APPOINT TEN (10) GENERAL WORKERS AND TEN (10) ADMIN CLERKS AT PE PHARMACEUTICAL DEPOT FOR A PERIOD OF SIX (6) MONTHS THROUGH A RECRUITMENT AGENCY SERVICES |                      |                                                                                 |                                                          |                                                                                                      |
| <b>BID RESPONSE DOCUMENTS MAY BE SENT VIA TENDER WEBSITE)</b>                                                                                                                                                       |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| PE MEDICAL DEPOT 1104 STRUANWAY ROAD, STRUANDALE, PORT ELIZABETH 6000                                                                                                                                               |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                               |                                                                                                                                                                                                    |                      | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                                  |                                                          |                                                                                                      |
| <b>CONTACT PERSON</b>                                                                                                                                                                                               | Ms. T. Lumkwana                                                                                                                                                                                    |                      | <b>CONTACT PERSON</b>                                                           | Ms. T. Lumkwana                                          |                                                                                                      |
| <b>TELEPHONE NUMBER</b>                                                                                                                                                                                             | 041 452 1563                                                                                                                                                                                       |                      | <b>TELEPHONE NUMBER</b>                                                         | 041 452 1563                                             |                                                                                                      |
| <b>FACSIMILE NUMBER</b>                                                                                                                                                                                             | n/a                                                                                                                                                                                                |                      | <b>FACSIMILE NUMBER</b>                                                         | n/a                                                      |                                                                                                      |
| <b>E-MAIL ADDRESS</b>                                                                                                                                                                                               | Thulani.lumkwana@echealth.gov.za                                                                                                                                                                   |                      | <b>E-MAIL ADDRESS</b>                                                           | Thulani.lumkwana@echealth.gov.za                         |                                                                                                      |
| <b>SUPPLIER INFORMATION</b>                                                                                                                                                                                         |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>NAME OF BIDDER</b>                                                                                                                                                                                               |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>POSTAL ADDRESS</b>                                                                                                                                                                                               |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>STREET ADDRESS</b>                                                                                                                                                                                               |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>TELEPHONE NUMBER</b>                                                                                                                                                                                             | CODE                                                                                                                                                                                               |                      | NUMBER                                                                          |                                                          |                                                                                                      |
| <b>CELLPHONE NUMBER</b>                                                                                                                                                                                             |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>FACSIMILE NUMBER</b>                                                                                                                                                                                             | CODE                                                                                                                                                                                               |                      | NUMBER                                                                          |                                                          |                                                                                                      |
| <b>E-MAIL ADDRESS</b>                                                                                                                                                                                               |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>VAT REGISTRATION NUMBER</b>                                                                                                                                                                                      |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>SUPPLIER COMPLIANCE STATUS</b>                                                                                                                                                                                   | TAX COMPLIANCE SYSTEM PIN:                                                                                                                                                                         |                      | OR                                                                              | CENTRAL SUPPLIER DATABASE No:                            | MAAA                                                                                                 |
| <b>B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE</b>                                                                                                                                                                 | TICK APPLICABLE BOX]<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               |                      | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                             |                                                          | [TICK APPLICABLE BOX]<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
| <b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>                                               |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| <b>ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?</b>                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF]                                                                                                                 |                      | <b>ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?</b> |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER THE QUESTIONNAIRE BELOW] |
| <b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                   |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                     |                                                                                                                                                                                                    |                      |                                                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                           |                                                                                                                                                                                                    |                      |                                                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                          |                                                                                                                                                                                                    |                      |                                                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                               |                                                                                                                                                                                                    |                      |                                                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?                                                                                                                                                           |                                                                                                                                                                                                    |                      |                                                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW. |                                                                                                                                                                                                    |                      |                                                                                 |                                                          |                                                                                                      |

**PART B  
TERMS AND CONDITIONS FOR BIDDING**

|                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. BID SUBMISSION:</b>                                                                                                                                                                                                                      |
| 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.                                                                                                                   |
| 1.2. ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED- (NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.                                                                                                          |
| 1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. |
| 1.4. THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).                                                                                                                                                |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>                                                                                                                                                                                                          |
| 2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.                                                                                                                                                                                 |
| 2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.                                                              |
| 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.                                                                                                                         |
| 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.                                                                                                                                                                   |
| 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.                                                                                             |
| 2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.                                                                                                              |
| 2.7 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."                        |

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.**

SIGNATURE OF BIDDER: .....

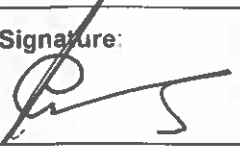
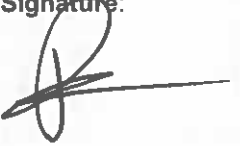
CAPACITY UNDER WHICH THIS BID IS SIGNED: .....  
(Proof of authority must be submitted e.g. company resolution)

DATE:.....

# DOCUMENT CONTROL SHEETS

REQUEST FOR A COMMITMENT TO RECRUIT AND APPOINT TEN (10) GENERAL WORKERS AND TEN (10) ADMIN CLERKS AT PE PHARMACEUTICAL DEPOT FOR A PERIOD OF SIX (6) MONTHS THROUGH A RECRUITMENT AGENCY SERVICES

SCMU3-26/27- 0485 -PED

|                                                       |  |                                 |                       |                                                                                                   |
|-------------------------------------------------------|--|---------------------------------|-----------------------|---------------------------------------------------------------------------------------------------|
| Revision                                              |  |                                 |                       |                                                                                                   |
| Drafted By: End User                                  |  | Date:<br>21-07-2026             | Name: Mr. R. Harris   | Signature:<br> |
| Reviewed By:<br>SCM Manager                           |  | Date:<br>21/07/2026.            | Name: Mr. M. Msakatya | Signature:<br> |
| Approved<br>Chairperson<br>Specification<br>Committee |  | By:<br>of<br>Date:<br>21/7/2026 | Name: Mr. D. Martin   | Signature:<br> |
|                                                       |  |                                 |                       |                                                                                                   |

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## **DEFINITIONS**

The rules of interpretation and defined terms contained in the General Conditions of Contract (GCC) shall apply to this invitation to bid unless the context requires otherwise. In addition, the following terms used in this invitation to bid shall, unless indicated otherwise, have the meanings assigned to such terms in the table below.

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DoH</b>               | means the Eastern Cape Department of Health acting for and on behalf of the Eastern Cape Provincial Government;                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Invitation to bid</b> | means this invitation to bid comprising <ul style="list-style-type: none"><li>○ The cover page and the table of content and definitions</li><li>○ Part 1 which details the Conditions of Bid;</li><li>○ Part 2 which details the Conditions of Contract and Operational Requirements;</li><li>○ Part 3 which details the bid strategy</li><li>○ Part 4 which details the Specifications relating to the Technology / Services</li><li>○ Part 5 which contains all the requisite bid forms and certificates;</li></ul> As read with GCC – <i>General Conditions of Contract</i> |
| <b>Services</b>          | means the services defined on the cover page of this invitation to bid and described in detail in the Specifications;                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Specifications</b>    | means the specifications contained in Part 4 of this invitation to bid;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## **PART 1**

### **SPECIAL CONDITIONS OF BID**

#### **1. BACKGROUND AND INTRODUCTORY PROVISIONS**

Refer to Part 3 of this invitation to bid for background and introductory information relating to the Services and this invitation to bid.

#### **2. OFFER AND SPECIAL CONDITIONS**

- 2.1 Without detracting from the generality of clause below, bidders must submit a completed and signed Invitation to Bid form (SBD 1) and requisite bid forms attached as Part 1 with its bid. Bidders must take careful note of the special conditions.

- 2.2 **All bids submitted in reply to this invitation to bid should incorporate all the forms, parts, certificates and other documentation forming part of this invitation to bid, duly completed where required.**

- 2.3 In the event that any form or certificate provided in Part 5 of this invitation to bid does not have adequate space for the bidder to provide the requested details, the bidder should attach an annexure to such form or certificate on which the requested details should be provided and the bidder should refer to such annexure in the form or certificate provided.

#### **3. CLOSING TIME OF BIDS AND PROVISIONS RELATING TO SUBMISSION OF BIDS**

- 3.1 The closing time for the receipt of bids in response to this invitation to bid is detailed on the cover page of this invitation to bid.
- 3.2 All bids must be received before the closing time and date stipulated above and must be posted to or deposited in the bid box at the address detailed on the cover page of this invitation to bid.

#### **4. ENQUIRIES**

Should any bidder have any enquiries relating to this invitation to bid, such inquiries may only be addressed to the person detailed on the cover page to this invitation to bid at the number stipulated.

#### **5. BID BRIEFING**

There shall be no briefing session for this Specialized Agency Service requirements and any Bidder that requires clarity may contact Supply Chain Manager through email address: [mzwabantu.msakatya@echealth.gov.za](mailto:mzwabantu.msakatya@echealth.gov.za) / [Thulani.lumkwana@echealth.gov.za](mailto:Thulani.lumkwana@echealth.gov.za) within three (3) calendar days before closing this Bid.

#### **6. PRICING**

- 6.1 The bidder must submit details regarding the bid price for the Services on the Pricing Schedule form/s attached as Part 5 – Schedule A- which completed form/s must be submitted together with the bid documents.

6.2 Pricing must be stipulated INCLUSIVE OF VALUE ADDED TAX and all applicable taxes.

6.3 It is an express requirement of this invitation to bid that the bidders provide some transparency in respect to their pricing approach. In this regard, bidders must indicate the basis on which they have calculated their pricing by completing all aspects of the Pricing Schedule form Part 5 – Schedule A

**7. DECLARATION OF INTEREST**

The bidder should submit a duly signed declaration of interest (SBD 4) together with the bid. The declaration of interest is attached as Part 3 – Schedule B.

**8. QUALIFICATIONS OF BIDDERS**

Bidders must submit detailed information together with their bid of their experience in the relevant trade together with present contracts. These details should be submitted together with the bid on the form attached as Part 3 – Schedule C.

**9. PARTNERSHIPS AND LEGAL ENTITIES**

In the case of the bidder being a partnership, close corporation or a company, all certificates reflecting the names, identity numbers and address of the partners, members or directors (as the case may be) must be submitted with the bid.

These details should be submitted on the form attached as Part 3 – Schedule D

**10. CONSORTIUM / JOINT VENTURE**

10.1 It is recognized that bidders may wish to form consortia to provide the Services.

10.2 A bid in response to this invitation to bid by a consortium shall comply with the following

10.2.1 It shall be signed so as to be legally binding on all consortium members;

10.2.2 One of the members shall be nominated by the others as authorized to be the lead member and this authorization shall be included in the agreement entered into between the consortium members;

10.2.3 The lead member shall be the only authorized party to make legal statements, communicate with the DOH and receive instructions for and on behalf of any and all the members of the consortium;

10.2.4 A copy of the agreement entered into by the consortium members shall be submitted with the bid.

10.2.5 Each party to the Consortium must submit a consolidated HDI Goal Claim

**11. ORGANISATIONAL PRINCIPLES**

The bidder should submit a clear indication of the envisaged authorized organizational principles, procedures and functions for an effective delivery of the required Service at the relevant Institutions with the bid. These details should be submitted on the form attached as Part 5 – Schedule F

**12. DETAILS OF THE PROSPECTIVE BIDDERS' NEAREST OFFICE TO THE LOCATION OF THE CONTRACT**

The bidder should provide full details regarding the bidders nearest office to the Institutions at which the Services are to be provided (see Part 4 of this invitation to bid). These details should be provided on the form attached as Part 3 – Schedule F which completed form, must be submitted together with the bid.

**13. FINANCIAL PARTICULARS**

Bidder must provide full details regarding its financial particulars and standing, which particulars should be submitted together with the bid on the form attached as Part 3- Schedule G.

**14. PREFERENCE POINTS CLAIM FORMS**

Part 5 – Schedule H contains the Preference Points Claim Forms in terms of Preferential Procurement Regulations to be completed and signed by the bidder to the extent applicable and returned with this bid.

**15. VALIDITY**

Bid documentation submitted by the bidder will be valid and open for acceptance for a period of sixty-days (60) after closing this Bid.

**16. ACCEPTANCE OF BIDS**

The State, the DoH does not bind itself to accept either the lowest or any other bid and reserves the right to accept the bid which it deems to be in the best interest of the State even if it implies a waiver by the State, the DoH, of certain requirements which the State, the DoH, considers to be of minor importance and not complied with by the bidder.

**17. NO RIGHTS OR CLAIMS**

- 17.1 Receipt of the invitation to bid does not confer any right on any party in respect of the Services or in respect of or against the DoH. The DoH reserves the right, in its sole discretion, to withdraw by notice to bidders any Services or combination of Services from the bid process, to terminate any party's participation in the bid process or to accept or reject any response to this invitation to bid on notice to the bidders without liability to any party. Accordingly, parties have no rights, expressed or implied, with respect to any of the Services as a result of their participation in the bid process.

- 17.2 Neither the DoH, nor any of their respective directors, officers, employees, agents, representatives or advisors will assume any obligations for any costs or expenses incurred by any party in or associated with any appraisal and/or investigation relating to this invitation to bid or the subsequent submission of a bid in response to this invitation to bid in respect of the Services or any other costs, expenses or liabilities of whatsoever nature and howsoever incurred by bidders in connection with or arising out of the bid process.

**18. NON-DISCLOSURE, CONFIDENTIALITY AND SECURITY**

- 18.1 The invitation to bid and its contents are made available on condition that they are used in connection with the bid process set out in the invitation to bid and for no other purpose. All information pertaining to this invitation to bid and its contents shall be regarded as restricted and divulged on a "need to know" basis with the approval of the DoH.
- 18.2 In the event that the bidder is appointed pursuant to this invitation to bid such bidder may be subject to security clearance prior to commencement of the Services.

**19. ACCURACY OF INFORMATION**

- 19.1 The information contained in the invitation to bid has been prepared in good faith. Neither the DoH nor any of their respective directors, advisors, officers, employees, agents, representatives make any representation or warranty or give any undertaking express or implied, or accept any responsibility or liability whatsoever, as to the contents, accuracy or completeness of the information contained in the invitation to bid, or any other written or oral information made available in connection with the bid and nothing contained herein is, or shall be relied upon as a promise or representation, whether as to the past or the future.
- 19.2 This invitation to bid may not contain all the information that may be required to evaluate a possible submission of a response to this invitation to bid. The bidder should conduct its own independent analysis of the operations to the extent required to enable it to respond to this bid.

**20. COMPETITION**

- 20.1 Bidders and their respective officers, employees and agents are prohibited from engaging in any collusive action with respect to the bidding process which serves to limit competition amongst bidders.
- 20.2 In general, the attention of bidders is drawn to Section 4(1)(iii) of the Competition Act 1998 (Act No. 89 of 1998) (the Competition Act) that prohibits collusive bidding.
- 20.3 If bidders have reason to believe that competition issues may arise from any submission of a response to this bid invitation they may make; they are encouraged to discuss their position with the competition authorities before submitting response.
- 20.4 Any correspondence or process of any kind between bidders and the competition authorities must be documented in the responses to this invitation to bid.

## **21. RESERVATION OF RIGHTS**

- 21.1 Without limitation to any other rights of the DOH (whether otherwise reserved in this invitation to bid or under law), the DOH expressly reserves the right to: -
  - 21.1.1 Request clarification on any aspect of a response to this invitation to bid received from the bidder, such requests and the responses to be in writing;
  - 21.1.2 Amend the bidding process, including the timetables, closing date and any other date at its sole discretion;
  - 21.1.3 Reject all responses submitted by bidders and to embark on a new bid process.
  - 21.1.4 Award the bid to one or more than one service provider.
  - 21.1.5 It is recommended that the successful bidder employ professional and or general operation staff that are within the sub-area.

## **22. REQUIREMENTS**

- 22.1 Previous performance of the bidder will be an advantage and considered in the evaluation of the bid.
- 22.2 Financial standing of the bidder will be considered for risk analysis and bidders are required to submit documentary proof to demonstrate financial stability in the form of: -
  - 22.3.1 Latest financial statements in the case of Companies and in the case of Close Co-operation CC.
  - 22.3.2 Letter from the financial institution confirming availability of funds or letter of good standing and/or proof from the financial institution indicating a positive rating must be attached.
  - 22.3.3 Form Part 5 schedule H must be completed accordingly.

## **23. MINIMUM REQUIREMENTS:**

### **23.1 General Workers**

- 23.1.1 Junior Certificate/Grade 10/ABET
- 23.1.2 Equivalent experience in Warehousing
- 23.1.3 Matric/Grade12 will be an added advantage
- 23.1.4 No criminal record

### **23.2 Admin Support**

- 23.2.1 Grade12/ Senior Certificate
- 23.2.2 Knowledge and background skills in Finance/ Logistics/ Inventory/ Human Resources and Public Administration.
- 23.2.3 Minimum of 1-year relevant experience in Public Service Administration environment.
- 23.2.4 No criminal record

## **24. CONTRACT AND STAFFING CONDITIONS**

- 24.1 This contract is subject to screening criminal records for all shortlisted incumbents through the service provider processes.
- 24.2 The preferred Bidder reserves the right to verify the qualifications through Department of Education.
- 24.3 Consideration of Minimum Wage requirements as per Government Gazette (Notice No. 52053)
- 24.4 Contractual Employment is subject to submission of valid Compensation for Occupational Injuries and Diseases Act (COIDA) by the responsive Bidder.

## **25. EVALUATION CRITERIA**

Bidders required to meet the following criteria indicated in stages.

### **25.1. The bid will be evaluated as follows**

- Stage 1: Administrative compliance/pre-qualification
- Stage 2: Mandatory Requirements
- Stage 3: Functionality
- Stage 4: Price and Specific Goal Points

**25.2 The stages are further detailed below**

| #                                       | STAGE 1 – ADMINISTRATIVE REQUIREMENTS                                                                                              | Complied |     |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
|                                         |                                                                                                                                    | YES      | NO  |
| A                                       | Invitation to Bid (SBD1) completed and signed                                                                                      |          |     |
| B                                       | Pricing Schedule (SBD 3.2)                                                                                                         |          |     |
| C                                       | New Declaration of Interest (SBD 4)                                                                                                |          |     |
| D                                       | Preference Points Claim Form in terms of the Preferential Procurement Regulations (SBD 6.1)                                        |          |     |
| E                                       | Compulsory Briefing Session: <b>Not Applicable</b>                                                                                 | n/a      | n/a |
| F                                       | Joint Venture Agreement requirement if applicable                                                                                  |          |     |
| G                                       | Financial Capacity (good stand letter from Bank, recent audit financial Statements or ECDC Financial Assistance)                   |          |     |
| H                                       | CIPRO certificate (Company Registration Documents) must be certified with original stamp within 3 months from closing date of bid. |          |     |
| I                                       | ID copies (must be certified with original stamp within 3months from closing date if the bid)                                      |          |     |
| J                                       | Disability Ownership: Proof of ownership (CIPRO certificate) with valid medical documentary proof.                                 |          |     |
| K                                       | Military Veterans Ownership: Proof of ownership (CIPRO certificate) with valid proof of veteran status.                            |          |     |
| L                                       | Locality Ownership : Proof of business address (municipal account or valid lease agreement )                                       |          |     |
| M                                       | Updated CSD report (must be recent within 7 days from closing date                                                                 |          |     |
| <b>STAGE 2 - MANDATORY REQUIREMENTS</b> |                                                                                                                                    |          |     |
| A                                       | Attach Proof of Valid COIDA (Compensation of Occupational Injury and Diseases Act)                                                 |          |     |
| B                                       | Attach proof of Liability Cover or a letter of Intent                                                                              |          |     |
| C                                       | Proof of Staff Payroll                                                                                                             |          |     |

## 26. STAGE 3: FUNCTIONALITY EVALUATION

- The minimum threshold for functionality is 20 points out of 40 points.
- A bidder that scores less than 20 points out of 40 in respect of functionality will be regarded as non-responsive bid and will be disqualified.
- Only bidders that obtain 20 points and above will qualify for further evaluation in terms of price and Specific Goals evaluation (3<sup>rd</sup> stage)
- All points scored by qualifying bidders will not be taken into consideration for price evaluation.

| Criteria               | Description /Sub-criteria                                                                                                                                                                                                                                                                                                                               | Max Score | Required Evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Experience</b>      | <b>Work Experience in Labour Placement/Recruitment environment/ services</b><br><br>Below 2 years - <b>05</b><br>2 – 5 years - <b>10</b><br>5 years and above - <b>15</b>                                                                                                                                                                               | <b>15</b> | Provide reference/s from current and previous clients for similar services clearly indicating duration of contract, Contract start and end date, contract value and performance of the bidder                                                                                                                                                                                                                                                                      |
| <b>Human Resources</b> | <b>Available Staff</b><br><br>Provide us with: <ul style="list-style-type: none"> <li>• Sufficient database of employees that are available or can be contracted with, for the facilities tendered for. – <b>15</b></li> <li>• A clear system in place to accommodate sick/absent employees without affecting guarding services. - <b>10</b></li> </ul> | <b>25</b> | Submit a copy of a customized database showing the following: <ul style="list-style-type: none"> <li>➢ Name</li> <li>➢ ID number</li> <li>➢ SA Pharmacy Council Registration Numbers</li> <li>➢ Residential Address</li> <li>➢ Contact Number</li> </ul> Failure to provide the above will invalidate the database point<br><br>A document outlining the plan for dealing with emergency requirement of staff in place of sick/absent staff for the allocated site |
|                        | <b>Total</b>                                                                                                                                                                                                                                                                                                                                            | <b>40</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**27.1 POINTS AWARDED FOR PRICE**

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

**80/20**

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

Where

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

**Step 2: POINTS AWARDED FOR SPECIFIC GOALS**

- 27.1 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:
- 27.2 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** 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** 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** 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 **80/20** preference point system.
- 27.3 Bidders are required to complete the preference claim form (SBD 6.1), and submit the copies or certified copies of the following documents at the closing date and time of the bid in order to claim the Specific Goal level points.
- a. Copies of valid Business Registration Documents
  - b. Copies of ID Documents of all Company Owners/Directors/Shareholders
  - c. Copies of Medical Certificate in Respect of Disability Claim
  - d. Copies of Rental Agreement and or Municipality Utility account in your business name as proof of the business address etc.

- 27.4 A bid will not be disqualified from the bidding process if the bidder does not submit any of the required documents mentioned in item 23.3.a-d to claim specific goals. Such bidders will score 0 out of maximum of 10 points for specific goals.
- 27.5 The points scored by a bidder in respect of the level of Specific Goals Claimed will be added to the points scored for price.
- 27.6 The department may, before a bid is adjudicated or at any time, require a bidder to substantiate claims it has made with regards to preference.
- 27.7 The total points scored will be rounded off to the nearest 2 decimals.
- 27.8 In the event that two or more bids have scored equal total points, the contract will be awarded to the bidder scoring the highest number of preference points for Specific Goals.
- 27.9 However, when functionality is part of evaluation process and two or more bidders have scored equal points including equal preference points for Specific goals, the contract will be awarded to the bidder scoring the highest functionality.
- 27.10 Should two or more bids equal in all respects, the award shall be decided by drawing of lots.
- 27.11 A contract may, on reasonable and justifiable grounds, be awarded to a bid that did not score the highest number of points

The following table must be used to calculate the score out of 20 points for Specific Goals

| The specific goals allocated points in terms of this tender | Weighting (of 20 POINTS) | Number of points (80/20 system) |
|-------------------------------------------------------------|--------------------------|---------------------------------|
| Historically Disadvantaged Individuals Ownership            | 20%                      | 4                               |
| Women Ownership                                             | 20%                      | 4                               |
| Youth Ownership                                             | 20%                      | 4                               |
| Disability Ownership                                        | 10%                      | 2                               |
| Military Veterans Ownership                                 | 10%                      | 2                               |
| Locality Ownership                                          | 20%                      | 4                               |
| <b>TOTAL</b>                                                | <b>100%</b>              | <b>20</b>                       |

- a) A tenderer must submit proof of its Specific Goals status of contributor.
- b) A tenderer failing to submit proof of Specific Goals status level of contributor or is a non-compliant contributor to Specific Goals may not be disqualified, but may only score points out of 80 price, and scores 0 points out of 20 for Specific Goals.

c) The Specific Goals supporting documents required to verify claimed points may inline with the specified requirements include:

- CSD report (must be recent within 7 days from closing date);
- CIPRO certificate and/or ID copies (must be certified with original stamp within 3 months from closing date of bid/quote);
- Medical certificate / Doctor's medical report (Impairment should be substantially limiting - long term or of recurring nature)
- Municipal accounts or proof of address

d) A tenderer may not be awarded points for Specific Goals status level of contributor if the tender documents indicate that they intend subcontracting 25% of their contract value to any other person not qualifying for at least the points that the tenderer qualifies for, unless the intended subcontractor is an EME that has the capability to execute the contract.

---

**Part 3 – Schedule A**  
**Declaration of Interest**

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**SBD4**

**BIDDER'S DISCLOSURE**

**1. PURPOSE OF THE FORM**

- 1.1 Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa, 1996 (Constitution), and further expressed in the various applicable legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.
- 1.2 If a person is listed in the Register for Tender Defaulters and/or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

**2. DECLARATION ON EMPLOYMENT BY ORGAN OF STATE**

- 2.1 Is the bidder, or any of the directors / trustees / shareholders / members / partners of the bidder employed by an organ of state, as defined in section 239 of the Constitution? **YES/NO**
- 2.2 If YES, furnish particulars of the names, individual identity numbers, in the table below:

| Full Name | Identity Number | Name of organ of state |
|-----------|-----------------|------------------------|
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |
|           |                 |                        |

2.3 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.3.1 If so, furnish particulars:

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

2.4 Does the bidder or any of its directors/trustees/shareholders members/partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise, whether or not they are bidding for this contract?  
**YES/NO**

2.4.1 If so, indicate all companies registered in the CSD in the table below:

| Supplier registration number (MAAA) | Status (active/inactive/deleted) |
|-------------------------------------|----------------------------------|
|                                     |                                  |
|                                     |                                  |
|                                     |                                  |
|                                     |                                  |
|                                     |                                  |

Failure to disclose all CSD-registered active companies linked to all Directors will lead to disqualification.

### 3 GENERAL DECLARATION

I, ....., the undersigned, in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1 I have read and I understand the contents of this disclosure.

3.2 I understand that the accompanying bid will be disqualified if this disclosure is found to be false.

3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor.

3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.5 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.

- 3.6 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7 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, 1998 (Act No. 89 of 1998) and or may be referred to law enforcement agencies for criminal investigation and or may be restricted from conducting business with the state for a period not exceeding 10 years in terms of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004) or any other applicable legislation.

I CERTIFY THAT THE ABOVE IS CORRECT.

I ACCEPT THAT THE PROCURING INSTITUTION MAY REJECT THE BID OR TAKE APPROPRIATE ACTION AGAINST ME IF THIS DECLARATION IS FALSE.

|                      |                         |
|----------------------|-------------------------|
| .....<br>Signature   | .....<br>Date           |
| .....<br>Designation | .....<br>Name of bidder |

**Part 3 – Schedule B**

**Qualifications and Experience**

1. Details of the extent of the bidders activities and business, e.g. branches etc.:

---

---

---

2. A list of existing /previous contracts relating to services which are similar to the Services:  
Also see Project Reference returnable attachment on next page 53.

| Description of Contract | Start Date | End date |
|-------------------------|------------|----------|
|                         |            |          |
|                         |            |          |
|                         |            |          |
|                         |            |          |
|                         |            |          |
|                         |            |          |

3. The number of years that the bidder has been in the business of providing services which are materially the same as the Services:

---

4. The name of the person who shall manage the Services:

---

5. Detail such person's qualifications and experience below :

---

.....  
**SIGNATURE OF (ON BEHALF OF) BIDDER**

.....  
**NAME IN CAPITALS**

In the presence of:

1. ....

2. ....

Part 3 – Schedule C

Organization Type

**PARTNERSHIP/CLOSED CORPORATION/COMPANY**  
**( delete which is not applicable)**

The bidder comprises of the following partners/members/directors :

1. NAME \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_
2. NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_
3. NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_
4. NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_
5. NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_

.....  
**SIGNATURE OF (ON BEHALF OF) BIDDER**

.....  
**NAME IN CAPITALS**

In the presence of :

1. ....
2. ....

### Part 3 – Schedule D

#### Organizational structure

- [illegible]

.....  
**SIGNATURE OF (ON BEHALF OF) BIDDER**

NAME IN CAPITALS

In the presence of :

1. 
2. 

**Part 3 – Schedule E**  
**Details of Supplier's Nearest Office**

1. Physical address of supplier's office

---

---

---

---

1. Physical address of supplier's control

---

---

---

---

2. Telephone No of office: \_\_\_\_\_

- 3 Time period for which such office has been used by supplier: \_\_\_\_\_

.....  
**SIGNATURE OF (ON BEHALF OF) BIDDER**

.....  
**NAME IN CAPITALS**

In the presence of:

1. ....

2. ....

**Part 3 – Schedule F  
Financial Particulars**

This schedule must be completed by the bidder and submitted together with the bid. **Documentary proof confirming availability of financial resources to execute the contract from the bidder's financial institution in the form of a 3 months bank statement.** If this requirement is not complied with in full the bid may be considered invalid.

Nature of Service: \_\_\_\_\_

Name of bidder: \_\_\_\_\_

Bid Number: \_\_\_\_\_

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | <p style="text-align: center;"><b><u>FINANCIAL POSITION OF BIDDER</u></b></p> <p>I/we hereby certify that I/we have the necessary financial capacity and resources to execute the above contract successfully for the bid amount. I / we hereby attach letter confirming availability of financial resources from the financial institution. I / we give the ECDOH permission to contact the financial institution below to confirm the information provided.</p> <p>In the absence of the above, a letter confirming that the bidder has applied for financial assistance from any financial institution and that the institution is willing to favorably consider such application if the bidder is successful will also satisfy the Department.</p> |
| <b>NAME OF FINANCIAL INSTITUTION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>ADDRESS</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>TEL.NO</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>FAX NO</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>CONTACT PERSON</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

.....  
**SIGNATURE OF (ON BEHALF OF) BIDDER**

.....  
**NAME IN CAPITALS**

In the presence of :

1. ....

2. ....

**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

1.2 **To be completed by the organ of state**

*(delete whichever is not applicable for this tender).*

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

b) Either the 80/20 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

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                                            |            |
| SPECIFIC GOALS                                   |            |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b> |

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

“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;

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

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

**80/20**

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

Where

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

### 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 points is allocated for price on the following basis:

**80/20**

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

Where

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

#### 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 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 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 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- 4.3 Then the organ of state must indicate the points allocated for specific goals for both the 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 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<br>(80/20 system)<br>(To be completed by the organ of state) | Number of points claimed (80/20 system)<br>(To be completed by the tenderer) |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Historically Disadvantaged Individuals Ownership            | 20% (4)                                                                                 |                                                                              |
| Women Ownership                                             | 20% (4)                                                                                 |                                                                              |
| Youth Ownership                                             | 20% (4)                                                                                 |                                                                              |
| Disability Ownership                                        | 10% (2)                                                                                 |                                                                              |
| Military Veterans Ownership                                 | 10% (2)                                                                                 |                                                                              |
| Locality Ownership                                          | 20% (4)                                                                                 |                                                                              |
| <b>TOTAL</b>                                                | <b>100% (20)</b>                                                                        |                                                                              |

## DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number: .....

### 4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

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.

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

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

---

**Part 3 - Schedule H**  
**CONSENT FORM BY THE BIDDER**

---

The bidder shall be bound by all SCM regulatory provision and amendment thereto whether expressly or impliedly in this document

The Head  
Department of Health E.C  
Private Bag X0038  
Bisho, 5605

Sir/Madam

Granting of authority to request information from any legal entity relevant to this bid

- 1) I/we acknowledge that the information herein contained shall constitute the basis on which my/our bid is to be considered. I/we grant approval that any source regarding this bid may be fully investigated and that all such information shall be of material importance and directly relevant to the consideration of our bid. I /we further grant my/our consent to such source to provide confidential information.
- 2) I/we warrant that all the information herein contained is to the best of my/our knowledge and belief true and correct in all material respects and I/we am /are not aware of any information which, should it become known to the Eastern Cape Department of Health, would affect the consideration of my/our bid in any way.
- 3) The Eastern Cape Department of Health wishes to inform you that all information regarding your personal matters is treated as strictly as confidential.

Please tick the appropriate box.

|                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | I/We hereby consent to the above |
|--------------------------|----------------------------------|

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OR

|                          |                                                                                                                                                                                                               |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I/We hereby withhold consent and fully understand the implications and ramifications of my/our decision and will not hold the Eastern Cape Department of Health responsible for not considering my/our tender |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

---

**Part 4**  
**BID STRATEGY AND SPECIFICATIONS**

---

**TO RECRUIT AND APPOINT TEN (10) GENERAL WORKERS AND TEN (10) ADMIN CLERKS AT PE PHARMACEUTICAL DEPOT FOR A PERIOD OF SIX (6) MONTHS THROUGH A RECRUITMENT AGENCY SERVICES**

**OVERALL OBJECTIVE**

This specification establishes the requirements of the Eastern Cape Department of Health: PE MEDICAL DEPOT, for the appointment of a qualified service provider that can effectively supply services as per the tender specifications below.

**General Workers**

- Junior Certificate/Grade 10/ABET
- Equivalent experience in Warehousing
- Matric/Grade12 will be an added advantage
- No criminal record

**Admin Support**

- Grade12/ Senior Certificate
- Knowledge and background skills in Finance/ Logistics/ Inventory/ Human Resources and Public Administration.
- Minimum of 1-year relevant experience in Public Service Administration environment.
- No criminal record

The specifications with respect to the General Workers and Admin Support Agencies Services to P.E. Pharmaceutical Depot within the Nelson Mandela Bay Health District.

The required Personnel will be allocated to any of the mentioned health facility mentioned above during the required period depending on the facility demands and needs.

**SCOPE OF WORK**

- The services required for this tender includes the supply and delivery of the **Professional Agency Services**.
- The supplier(s) will be requested to deliver the **Professional Agency Services** ordered as per delivery schedule(s)
- Delivery addresses as per table above and will be provided to the awarded supplier(s).
- Contractor must ensure that the annual professional fees are paid up in full for 2026 & 2027.
- Contracted professionals MUST have a Valid Updated Registration(s) with the relevant Council as required by Law. This must be available at all time for verification by Department of Health E.C at any time.
- Services may be for Day Shift, from Monday to Friday (***There shall be no operations at the Depot on Saturdays, Sundays and Public Holidays***).

## **BID STRATEGY**

- This bid is for the emergency situations requiring urgent placement of professional(s) and or general staff as identified by the Responsible Manager and or Finance manager (see SCM Delegations). This bid may not be used for any other purpose as stated.
- The Department reserves the right to establish a Data Base with Suitable Service Providers to delivery contract workers as required on an emergency basis ONLY.
- The successful bidder(s) will be requested to deliver the service ordered directly to where the services are required as approved by the Responsible Manager and or Finance Manager.
- The contract is rate / item price based and will be utilized on an as and when required principle.
- Service Quantities and description may be changed/increase/decrease to the discretion of the end user facility and no set quantities forms part of the contract agreement as the tender
- Delivery is required with immediate effect on official order and or instruction note depending on the approval
- Order(s): Will be issued per institution in accordance with the available budget allocations
- Price will be fixed for the first 6 months and thereafter the awarding bidder may apply for price adjustment
- Professional Services to be procured over a six (6) months period
- Bidders Required to submit an hourly rate.
- The institutions/hospitals are as follows:

### **Required Emergency Placement of Professionals**

To promote local industries and contribute to employment the District intends to give preference to local suppliers and as a condition of tender will therefore stipulate this and that the successful service provider must consider in appointing locally qualified personnel that have been previously worked in a Pharmaceutical warehouse environment

Bidders required to submit an hourly rate for the following services;

The list below indicate the possible placements within the Nelson Mandela Metro

#### **Cluster 1**

|                                |                                                        |
|--------------------------------|--------------------------------------------------------|
| <b>PE Pharmaceutical Depot</b> | 1104 Struan way Road, Struandale, Port Elizabeth, 6070 |
|--------------------------------|--------------------------------------------------------|

**Part 5**  
**PRICING SCHEDULES**

SBD 3.1

**PRICING SCHEDULE – FIRM PRICES  
(PURCHASES)**

**NOTE:** ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED

IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT

Name of Bidder.....  
Bid number: SCMU3-P26/27-0485-PED: REQUEST FOR A COMMITMENT TO RECRUIT AND APPOINT TEN (10) GENERAL WORKERS AND TEN (10) ADMIN CLERKS AT PE PHARMACEUTICAL DEPOT FOR A PERIOD OF SIX (6) MONTHS THROUGH A RECRUITMENT AGENCY SERVICES

Closing Time: 11:00

Closing Date...See page 1 of bid document...

OFFER TO BE VALID FOR...60...DAYS FROM THE CLOSING DATE OF BID.

**BID PRICE IN RSA CURRENCY -- ALL APPLICABLE TAXES INCLUDED -- "NO VAT CHARGES ALLOWED ON NON-VAT ITEMS" - NON VAT VENDORS MAY NOT CHARGE VAT -- DELIVERY CHARGES TO BE INCLUDED IN UNIT PRICE**

**NB : USE BLACK INK TO FILL THIS FORM**

- Does the offer comply with the specification(s)? \*YES/NO
- If not to specification, indicate deviation(s)
- .....
- Period required for delivery .....  
\*Delivery: Firm/not firm

**Four Part Quotation System Monday to Friday including Weekends and Public Holidays**

**Monday - Friday: Day**

| PART1 Description | Unit | Hourly Rate<br>Unit Price<br>Excluding VAT | Monthly Rate<br>Unit Price<br>Excluding VAT | VAT | Total Price on<br>Quantities |
|-------------------|------|--------------------------------------------|---------------------------------------------|-----|------------------------------|
| General Assistant | 1    |                                            |                                             |     |                              |
| Admin Support     | 1    |                                            |                                             |     |                              |

**NOTE THE FOLLOWING: PRICE SCHEDULE MUST BE COMPLETED IN FULL AND CORRECTLY. FAILURE TO COMPLETE WILL RESULT IN ELIMINATION.**

**PLEASE RECORD COMPANY DETAILS BELOW**

Signature of authorized person: \_\_\_\_\_

Print Name: \_\_\_\_\_

Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Company Stamp  
Here