Province of the
EASTERN CAPE
HEALTH

Office of: The Deputy Director of Supply Chain Management – Livingstone Tertiary Hospital

Livingstone Hospital • Ground Floor • Nurses' Home • Room 12 • Stanford Road • Korsten • Port Elizabeth • Eastern Cape
Private Bag X • Korsten • 6014 • REPUBLIC OF SOUTH AFRICA
Mr V Coetzee - Tel: 041 405 2424 OR Ms T Mnabisa 041 405 2183 • OR: Mr K Jooste 041 405 2320 •
Email: valentine.coetzee@echealth.gov.za OR thandi.mnabisa@echealth.gov.za

RE-ADVERTISEMENT

REQUEST FOR 10 DAY QUOTATION BID

BID NO: SCMU3-P26/27-0900-LDH

09 OCTOBER 2026

SUPPLY, DELIVERY AND INSTALLATION OF BRAIN RETRACTOR -FOR SURGERY FOR A PERIOD OF 12 (TWELVE) MONTHS AT LIVINGSTONE TERTIARY HOSPITAL

Quotations are hereby invited from all interested and relevant service providers that can offer the abovementioned service.

Bid documents with the necessary terms of reference may be obtained from CSD, or Departmental website: (www.echealth.gov.za)

THERE IS NO PAYMENT REQUIRED FOR THE BID DOCUMENTS

PLEASE TAKE NOTE: BID DOCUMENTS ARE NOT ISSUED BY THE DEPARTMENT – BIDDERS ARE THEREFORE REQUESTED TO DOWNLOAD THE BID DOCUMENTS FROM CSD OR DEPARTMENTAL WEBSITE

Bidders must immediately ensure that they are **registered on Centralized Supplier Database**

Bids will only be awarded to the supplier registered on Centralized Suppliers Database (CSD).

Completed Bid documents may be deposited in the Bid Box situated at the Main Entrance, Nurses Home Building, Ground Floor Livingstone Hospital, Korsten, Port Elizabeth. **Bid documents must be submitted in a closed envelope. Or maybe uploaded on CSD**

CLOSING DATE: 26th OCTOBER 2026 AT 11H00

Further enquiries can be directed to MR V COETZEE / MS N MNABISA at the following numbers (041) 405 2424 / 405 2183

T. Notshe ..... **DATE:** 09/10/2026

MRS T. NOTSHE

CHIEF EXECUTIVE OFFICER

LIVINGSTONE TERTIARY HOSPITAL

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SPECIFICATION FOR BRAIN RETRACTOR – FOR SURGERY

	SPECIFICATIONS The above must have/consist of the following (Measurements are approx.)	COMMENTS / PRICE	Comply	
			YES	NO
A	**General Descriptions**			
1	Handheld			
2	Self-retaining (e.g. Leyla, Greenberg systems)			
3	Fixed blade/ flexible/ malleable			
B	**Primary Material:** Medical grade stainless steel (e.g., AISI 316l)			
	Optional components: Titanium alloy (lighter, MRI-compatible) Polymer-coated blades (to reduce tissue trauma)			
	Material properties Corrosion-resistant Serializable (autoclave compatible) Non-toxic and biocompatible (ISO 10993 compliant)			
C	**Design features**			
	Blade: **Shape:** flat, curved, tapered, or spoon-shaped **Edges:** smooth, rounded to prevent tissue damage **Surface finish:** polished or satin (matte to reduce glare)			
	Widths (typical): 5mm – narrow 10mm- standard 15-25mm - wide			

Together, m[illegible]alth system forward

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Website: www.ecdoh.gov.za

	Lengths (typical) 50mm-short 75mm- medium 100-120mm – long			
D	**Shaft/Arm**			
	Type Rigid or malleable **Malleability:** should retain shape after bending **Length:** usualy6 150- 300 mm **Connection interface:** compatible with retractor systems (e.g., clamp systems)			
E	**Handle/ Fixation**			
	Handheld variants: Ergonomic grip Anti-slip surface			
	Self-retaining variants: Adjustable arms Locking mechanism with fine positioning adjustment Compatibility with table mounted systems			
F	**Mechanical properties**			
	Flexural strength: adequate to withstand controlled retraction			
	Load capacity: typically designed for low-force retraction (to avoid brain injury)			
	Elasticity: controlled flexibility to minimize pressure on tissues			
	Fatigue resistance: high durability to repeated sterilization cycles			
G	**Sterilization**			
	Method: Steam sterilization (autoclave): 121-134 degrees Celsius			
	Resistance: Must withstand>500 sterilization cycles (typical requirement)			
	Cleaning compatibility Resistant to enzymatic detergents and disinfectants			

H	**Safety requirements**			
	Smooth edges to prevent cortical injury			
	Non-reflective surface to reduce glare under surgical lights			
	Secure locking mechanism (for self-retaining systems)			
	Minimal pressure distribution design to avoid ischemia and edema			
	MRI compatibility (if specified for advanced use			
I	**Standards & compliance**			
	ISO Standards ISO 13485 (medical device quality management) ISO 10993 (biocompatibility)			
	Regulatory CE marking (EU MDR 2017/745) FDA class I or ii (depending on type)			
	Sterilization ISO 17665 (steam sterilization)			
J	**Packaging**			
	Individually packed or as a set			
	Supplied Sterile (single use) or Non-sterile (reusable, requires sterilization)			
	Protective caps for blade tips (optional)	R		
	Optional Accessories			
K	Table mounted	R		
	Adjustable arms and clamps	R		
	Illumination attachments (fibre – optic lighting)	R		
	Suction-integrated retractors	R		
L	**Variants (examples)**			
	Leyla brain retractor system (self-retraining)	R		
	Greenberg retractor system	R		
	Malleable brain spatula	R		
	Handheld brain retractor	R		
M	**Performance requirements**			

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4

	Provide stable retraction without slippage			
	Maintain tissue integrity (atraumatic contact surface)			
	Allow precise positioning with minimal manual adjustment			
	Ensure clear surgical field visibility			
N	**Labelling**			
	Manufacturer name and logo			
	Lot/batch number			
	Material designation			
	Reusability status			
	Sterilization instructions			
	TOTAL PRICE incl. VAT	R		

Summary

A brain retractor must be **atraumatic, stable, adjustable, and fully serializable,** with carefully designed blade geometry and controlled mechanical properties to minimize injury to delicate brain tissue.

Together, m[illegible]alth system forward

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.ecdoh.gov.za

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CONFIRMATION OF SPECIFICATION

END USER: ---------- DATE: 01.07.2026

PRINT NAME P.R. CAMPHER

CONFIRMATION OF THE SPEC MEETING

CHAIRPERSON: BSC ---------- DATE: 01/07/2026

PRINT NAME AR Kroese

1. APPLICABLE BID DOCUMENTS

1.1 Bid documents with necessary terms of reference may be obtained from CSD Web site
1.2 /Supply Chain Management Unit, Department of Health, Room 239, 241, 2ND Floor, Nurse's Home, Livingstone Hospital, Korsten, Gqeberha,6014. OR CSD web site

1.3 EVALUATION CRITERIA

The bid will be evaluated as follows:

Stage 1: Administrative Compliance /Pre-Qualification

- **Stage 2: Mandatory Requirements (non - negotiables)**
- **SEE SPECFICATIONS ITEMS –**
- **Tenderer must provide CE compliance document and ISO 9000 certificate with RFQ/BID documents failure to comply with invalid your RFQ/BID submission.**
- **Quoted equipment must be SABS certified, Attached a copy of certification. Failure to comply invalid your RFQ/BID submission.**
- **The mains cable of the unit being quoted for must be the hospital grade type and it must be minimum length of 3 three meters. NB the main cable of the unit tendered for must be SABS color coded**

Stage 3: Price and Specific goals
Stage 4: N/A

The stages are further detailed below:

2.1 Stage 1: Administrative Compliance/ Pre-qualification evaluation

2.1.1 ECDOH has defined minimum pre-qualification criteria that must be met by the Bidder for ECDoH to accept a bid for evaluation. In this regard a pre-qualification verification will be carried out by ECDoH to determine whether a bid complies in this regard

2.1.2 Where the Bidder's bid fails to comply fully with any of the pre-qualification criteria, or ECDoH is for any reason unable to verify whether the pre-qualification criteria are fully complied with, ECDoH will have the right to either:

2..1.3 reject the Bid in question and not to evaluate it at all.

2.1.4 give the Bidder an opportunity to submit and/or supplement the information and/or documentation provided by it under its Bid so as to achieve full compliance with the pre-qualification criteria, provided that such information and/or documentation can be provided within a period of 7 (seven) days, or such alternative period as ECDoH may determine, of it being requested by ECDoH and is administrative in nature, as opposed to forming a material part of the Bidder's Bid;

2.1.5 in any event permit the bid to be evaluated, subject to the outstanding information and/or documentation being submitted prior to the award of the Bid.

2.1.6 All bidders must be registered on Central Supplier Database (CSD) on the date of submission of their bid documents, a proof of registration e.g. a printout from CSD must be attached on the bid document.

2.2 The following pre-qualification criteria shall apply:

2.2.1 The bid documentation must be completed comprehensively and correctly.

7

2.2.2 Declaration forms (SBD 4) and SBD 6.1 must be completed and signed.

2.2.3 Bidders must be a legal entity or partnership (consortia/joint ventures are acceptable subject to Paragraph 11 of Part 1 of the Bid Document).

2.2.4 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 member's persons in the service of the state.

2.2.5 Bidders must provide supporting documentation as per the bid requirements.

Prospective bidders are required to submit the following documentation for quality Administrative compliance.

#	***Requirement***	**Complied**	
		YES	**NO**
A	Invitation to Bid (SBD1) completed and signed		
B	Pricing Schedule (SBD 3.2) **correctly calculated**		
C	Declaration of Interest (SBD 4)		
D	Preferential Points Claim (SBD 6.1)		
E	JV agreement (if applicable)		
F	Bidder must provide a valid License from the Wholesaler, Producers and Manufacturer where groceries/ dry goods will be sourced (in the case of a third party). **(Compulsory and non-negotiable).**	N/A	N/A
G	Valid Certificate of Acceptability for Premises from the municipality for where groceries/dry goods will be sources. **(Compulsory and non-negotiable)**	N/A	N/A
H	Compulsory Bid Briefing will be on the at	N/A	N/A

PLEASE NOTE:

Failure to comply with the non-negotiable requirements will invalidate your bid, and your bid will not be evaluated further.

Stage 2: Mandatory requirements (non-negotiables)

Stage 3: Price and Specific goals

The bid will be evaluated in terms of Regulation 4(1) of the Preferential Procurement Regulation 80/20 Preference Point system will be applied where the lowest bidder will be allocated 80 Points for price. A maximum of 20 points will be awarded for specific goals.

The following formula will be used to calculate points out of 80 for price.

$$Ps = 80\left(1 - \frac{Pt - P\min}{P\min}\right) \text{ or } Ps = 90\left(1 - \frac{Pt - P\,min}{P\,min}\right)$$

Where
Ps = points scored for comparative price of bid or offer under consideration.
Pt =Comparative price of bid or offer under consideration.
Pmin = comparative price of lowest acceptable bid or offer.

8

B-BBEE Status Level of Contribution	Weighting (of 20/10 POINTS)	Number of points (80/20 system)
Historically Disadvantage Individuals	20%	4
Women	20%	4
Youth	20%	4
Disability	20%	4
Military Veterans	10%	2
Locality	10%	2
TOTAL	100%	20

The following table must be calculated the score out of 20 points for Specific Goals

a) A tenderer must submit proof of its Specific Goals.

b) A tenderer failing to submit proof of specific Goals may not be disqualified, but may only score point 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 in line with the specific requirements include:

HDI - means a South African citizen who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) (The interim Constitution).

WOMEN – South African citizen who is a female

YOUTH – South African citizen who is not more than the age of 14-35 years.

DISABILITY - Medical Certificate / Doctor's medical report (Impairment should be substantially limited long term or of recurring nature)

MILITARY VETERANS – Military veterans' certificate

LOCALITY - Municipal accounts or Lease agreement with 3 months' proof of rental payment

CSD report (must be recent within 7 days from closing date):

CIPRO Certificate with members details that are owning shares and / or ID copies (must be certified with original stamp within 3 months from closing date of bid/quote):

The points scored for the specific goal shall be added to the points scored for price and the total shall be rounded off to the nearest two decimal places.

CIPRO Certificate with members details that are owning shares and / or ID copies (must be certified with original stamp within 3 months from closing date of bid/quote):

The points scored for the specific goal shall be added to the points scored for price and the total shall be rounded off to the nearest two decimal places.

9

SBD1

PART A
INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (*NAME OF DEPARTMENT/ PUBLIC ENTITY*)					
BID NUMBER:	SCMU3-P26/27-0900-LDH	CLOSING DATE:	26th OCTOBER 2026	CLOSING TIME:	11H00
DESCRIPTION	SUPPLY DELIVERY AND INSTALLATION OF BRAIN RETRACTOR FOR SURGERY FOR A PERIOD OF 12 (TWELVE) MONTHS AT LIVINGSTONE TERTIARY HOSPITAL				

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT *(STREET ADDRESS)*

Department of Health – Livingstone Tertiary Hospital

Bid Box - Main Entrance Nurses Home Building Ground Floor

Standford Road

Korsten-Port Elizabeth 6014

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO		**TECHNICAL ENQUIRIES MAY BE DIRECTED TO:**	
CONTACT PERSON	**Mr Valentine Coetze / Ms Thandi Mnabisa**	CONTACT PERSON	Mr Phillip Campher
TELEPHONE NUMBER	**041-405 2424 / 405 2183**	TELEPHONE NUMBER	041 405 2201
FACSIMILE NUMBER		FACSIMILE NUMBER	
E-MAIL ADDRESS	**valentine.coetzee@echealth.gov.za**	E-MAIL ADDRESS	phillip.campher@echealth.gov.za

SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		OR	CENTRAL SUPPLIER DATABASE No:	MAAA

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES OFFERED?	☐Yes ☐No [IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS/SERVICES OFFERED?	☐Yes ☐No [IF YES, ANSWER THE QUESTIONNAIRE BELOW]

QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?	☐ YES ☐ NO
DOES THE ENTITY HAVE A BRANCH IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?	☐ YES ☐ NO
IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?	☐ YES ☐ 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.

10

PART B
TERMS AND CONDITIONS FOR BIDDING

1. BID SUBMISSION:
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, 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).**
2. TAX COMPLIANCE REQUIREMENTS
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 PIN 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: .....

11

SBD 2

TAX CLEARANCE REQUIREMENTS

IT IS A CONDITION OF BIDDING:-

1. The Department of Health must verify the tax compliance status of bidders on the Central Supplier Database (CSD) for all price quotations R0-R30 000 and competitive bids exceeding the value of R30 001 (vat inclusive) prior to award as per National Treasury Instruction no. 4A of 2016/17 Central Supplier Database and circular compiled thereafter governing Tax Compliance Status.
2. Also note that it is the responsibility of the services provider registered on the CSD to ensure Tax Compliance at all times.

Directorship (Print clearly)

Surname & Initials	Identity No.	Gender	%

Central Supplier Database (CSD) Number:_____

EC Department of Health Logis Number: _____

Company Registration Number: _____

Company Vat Registration Number: _____

Company Tax Reference Number: _____

BANK DETAIL CONFIRMATION

Bank Name	
Branch Code	
Account Type	
Account No	

Please answer the following questions carefully-:

Questions	Yes	No	Year
Is your business under voluntary suspension?			
Is your business under suspension by the Authority?			
Are all the directors provided above registered as directors of the business by the Authority?			
Has your business or any of the directors found guilty by the Authority or any agencies of the state of improper conduct in terms of the Act? If so please provide a separate paper for explanation.			
Is your business in partnership with any of the well-established businesses?			
Has your business status changed in the last five years?			

Instructions

Please read the instructions carefully

1. **The form must be completed in full.**
2. **The list of directors means all those directors who are shareholders in business and who are registered as such.**
3. **Only the number of personnel registered under the name of the business should be provided.**

Conditions

1. The Eastern Cape Department of Health will not be responsible in any way for incorrect information supplied by the service provider or any agencies/authority/state organs holding such information.
2. It is the responsibility for each business to update the Eastern Cape Department of Health with any change in its status.
3. It is the responsibility for the business to ensure that the information provided to South African Revenue Services is correct and up-to-date.

12

PART 3
BID STRATEGY

THE BID CALLS

- The contract is rate item based and will be utilized on an as and when as required principle.

SCOPE OF WORK

- The suppliers will be requested to supply, delivery and installation of Brain Retractor for Surgery as per delivery schedule / order.
- The successful bidder will be required to do service directly to Livingstone Tertiary Hospital as stated in the specification.
- The ECDOH reserves the right to award the bid to one or more than one bidder/s. The difference in point score should not exceed 10% between the lowest and highest point scorer.

DECLARATION OF THE BIDDER'S ABILITY TO THE SUPPLY, DELIVERY AND INSTALLATION OF BRAIN RETRACTOR FOR SURGERY FOR A PERIOD OF TWELVE MONTHS (12) FOR THE DEPARTMENT OF HEALTH

- We hereby declare that we

- _____ (name of the bidder), have the capacity and capability for the supply, delivery and installation of brain retractor for surgery.

SIGNATURE OF BIDDER: ----------

13

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
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 AND SIGNED ONE OF THE APPROPRIATE BOXES.

	I/We hereby consent to the above

Signature _____ Date _____

OR

	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 _____

14

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**

15

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.

.....	.....
Signature	Date
.....	.....
Designation	Name of bidder

SBD 6.1

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2 To be completed by the organ of state

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

~~a) The applicable preference point system for this tender is the 90/10 preference point system.~~

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

c) Either the ~~90/10 or~~ 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	
Total points for Price and SPECIFIC GOALS	**100**

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

(a) **"tender"** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;

(b) **"price"** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;

(c) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
(d) **"tender for income-generating contracts"** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
(e) **"the Act"** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

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

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

80/20 **or** **90/10**

$$Ps = 80\left(1 - \frac{Pt - P\,min}{P\,min}\right) \quad \text{or} \quad Ps = 90\left(1 - \frac{Pt - P\,min}{P\,min}\right)$$

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 or 90 points is allocated for price on the following basis:

80/20 **or** **90/10**

$$Ps = 80\left(1 + \frac{Pt - P\,max}{P\,max}\right) \quad \text{or} \quad Ps = 90\left(1 + \frac{Pt - P\,max}{Pmax}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest

acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.

Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system) (To be completed by the tenderer)
Historically Disadvantaged Individuals Ownership	20% (4)	
Women Ownership	20% (4)	
Youth Ownership	20% (4)	
Disability Ownership	20% (4)	
Military Veterans Ownership	10% (2)	
Locality Ownership	10% (2)	
TOTAL	100% (20)	

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:

20

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: .....

.....

.....

.....

EXPERIENCE

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

2. A list of existing / previous contracts relating to services which are similar to the services:

   Description of contract period contact person & tel no.

   (please provide contactable references)

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:

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

.....
NAME IN CAPITALS

witnesses :

1. .....

2. .....

22

DETAILS OF SUPPLIERS OFFICE

1. Physical address of supplier's office

_____

_____

_____

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

Witnesses

1. .....

2. .....

23

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 and /or Audited Financial Statements must be submitted with the bid.** If this requirement is not complied with in full the bid may be considered invalid.

Nature of Service: _____

Name of bidder: _____

Bid Number: _____

	FINANCIAL POSITION OF BIDDER 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 DOH permission to contact the financial institution below to confirm the information provided. 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 in the event that the bidder is successful, will also satisfy the Department.
NAME OF FINANCIAL INSTITUTION	
ADDRESS	
TEL.NO	
FAX NO	
CONTACT PERSON	

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

.....
NAME IN CAPITALS

Witnesses

1. .....

2. .....

24