



## KWAZULU-NATAL PROVINCE

PUBLIC WORKS  
REPUBLIC OF SOUTH AFRICA

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Date: 23/03/2022

### INVITATION TO QUOTE FOR SUPPLY / SERVICE

You are hereby invited to quote for the following service. Please complete this form and return it within **03** working calendar days.

**ZNQ NUMBER: ZNQ047/2021**

**DESCRIPTION OF SUPPLY / SERVICE: CLEARING OF OVERGROWTH COMPRISING OF GRASS CUTTING AND DISPOSE THEREOF, AT NO. 94 RIDDAL ROAD, LADYSMIH**

Include detailed specification of supply / service required together with quantities, prices etc.

No.	Description of Item	Quantity	Price	Total
1.	<b>CLEARING OF OVERGROWTH COMPRISING OF GRASS CUTTING AND DISPOSE THEREOF AT NO. 94 RIDDAL ROAD, LADYSMIH.</b>  <b>SIZE: 2.1752HA</b>	<b>ONCE OFF</b>		
			Sub-total R	
			Plus 15% VAT R	
			TOTAL R	

**NB: 1. ONLY VAT REGISTERED SUPPLIERS TO CHARGE 15% VAT ON THE SUB TOTAL.**

**2. VAT REGISTRATION NUMBER: .....**

**QUOTATION VALID FOR 30 DAYS.**

**DELIVERY PERIOD:**

( ) CALENDAR DAYS FROM DATE OF ORDER

Provincial Suppliers Database Registration No. \_\_\_\_\_

**REGISTERED SUPPLIER'S NAME**

\_\_\_\_\_  
(PRINTED IN BLOCK LETTERS)

\_\_\_\_\_  
SUPPLIER'S SIGNATURE

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



COMPANY STAMP

\_\_\_\_\_  
DATE

Tel No. : \_\_\_\_\_

Fax No.: \_\_\_\_\_

**NB: 1. THE ATTACHED DOCUMENT MUST BE COMPLETED BY THE SERVICE PROVIDER.**

**2. CONDITIONS OF QUOTATIONS AS PER PROVINCIAL TREASURY REGULATIONS ARE APPLICABLE TO THIS QUOTATION AND ARE AVAILABLE FROM THE DEPARTMENT UPON REQUEST.**

## **SECTION E DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**
  - 2.1 Full Name of bidder or his or her representative: .....
  - 2.2 Identity Number:.....
  - 2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>, member): .....
  - 2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust: .....
  - 2.5 Tax Reference Number: .....
  - 2.6 VAT Registration Number: .....
  - 2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

<sup>1</sup>"State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the bidder is employed : .....

Position occupied in the state institution: .....

Any other particulars:

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

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

**YES / NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid document?

**YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

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

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

**YES / NO**

2.8.1 If so, furnish particulars:

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

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

**YES / NO**

2.9.1 If so, furnish particulars.

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

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

**YES/NO**

2.10.1 If so, furnish particulars.

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

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

**YES/NO**

2.11.1 If so, furnish particulars:

.....  
.....

**3    Full details of directors / trustees / members / shareholders.**

Full Name	Identity Number	Personal Income Tax Reference Number	State Number Number	Employee /    Persal

**4    DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.  
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION  
PROVE TO BE FALSE.

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of bidder**