



INVITATION TO QUOTE – ZNQ24/25/0009/NCR

Suitable and capable Service Providers are invited to quote for the following service:

PROVISION OF PEST CONTROL/ FUMIGATION SERVICES AT NORTH COAST REGIONAL OFFICE – ULUNDI

Advert Date : 30 September 2024
Closing Date : 07 October 2024
Closing Time : 11h00

Collection of Bid Documents

Documents may be downloaded from the Departmental website: www.kznworks.gov.za or from:
The physical address for collection of Tender documents is:

KZN Department of Public Works
North Coast Region
Legislative Assembly Administrative Building – First Floor: Zone 1
King Dinuzulu Highway
ULUNDI, 3838

Documents may be collected during working hours from 08H00 to 15H30.

Briefing Session : Not Applicable

Queries relating to the issue of these documents may be addressed to:

Full Name : Mr. S Zungu
Tel. No : 035 874 3224
Email Address : sibusiso.zungu@kznworks.gov.za

All technical enquiries may be directed to Ms. NB Hlatshwayo at 035 874 2644/
banele.hlatshwayo@kznworks.gov.za

TENDERERS TO NOTE:

1. The Department reserves the right not to award to the lowest bidder. In addition, the Department may conduct a detailed risk assessment prior to the award of the bid.
2. Telegraphic, telephonic, telex, facsimile, e-mail and late Tender Proposals will not be accepted.
3. Only Bidders registered within the applicable Central Suppliers Database will be eligible to submit bids.
4. The Preference points system applicable for this bid is 80/20, where 20 points of specific goals will be allocated as follows:
 - **Ownership by Black People:** 5 points
Documentary Proof Required:
1) Sworn Affidavit; signed and dated by Commissioner of Oaths
 - **"Ownership by People who are Women:** 5 points
Documentary Proof Required:
1) Sworn Affidavit; signed and dated by Commissioner of Oaths
2) Certified Copy of Identity Document/s"
 - **"Ownership by People who are Youth** 5 points
Documentary Proof Required:
1) Certified copy of Identity Document/s
 - **"Ownership by People living with Disabilities:** 5 points
Documentary Proof Required:
1) Original or Certified copy of an original medical certificate from a registered medical practitioner
2) Certified copy of Identity document/s