



merSETA
MANUFACTURING, ENGINEERING
AND RELATED SERVICES SETA

TERMS OF REFERENCE

FOR

OPEN TENDER

Procurement of Employee Wellness Services

HUM/2021/003

Closing Date: 10 May 2021, 12:00 noon

Validity Period: 180 days

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 1 of 20	*Last Revision Date	30 November 2017
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Review: CFO		Approved: CEO	

TABLE OF CONTENTS

1	ACRONYMS	3
2	BACKGROUND	3
3	OBJECTIVE	3
4	PROJECT/ CONTRACT	4
5	SCOPE OF PROJECT.....	4
6	OUTCOMES AND DELIVERABLES	5
7	PRICING SCHEDULE.....	10
8	CONTENT OF SUBMISSIONS	10
9	REQUIREMENTS	11
10	SCORING GRID.....	12
11	BUDGET (COST ESTIMATION).....	15
12	CLOSING DATE	16
13	PAYMENT TERMS.....	16
14	EVALUATION PROCESS	16
15	NOTES TO BIDDERS	19
16	GENERAL	19
17	DISCLAIMER.....	20

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 2 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

1 ACRONYMS

No	Abbreviation	Definition
1.	AIDS	Acquired Immunodeficiency Syndrome
2.	BBBEE	Broad-Based Black Economic Empowerment
3.	COVID 19	A disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease
4.	EAP	Employee Assistance Programme
5.	HIV	Human Immunodeficiency Virus
6.	SHRQ	Safety, Health, Environment, Risk & Quality
7.	OHS	Occupational Health and Safety
8.	IOD	Injury on Duty
9.	MANCO	Management Committee
10.	merSETA	Manufacturing, Engineering and Related Services Education and Training Authority

2 BACKGROUND

The merSETA is the Manufacturing, Engineering and Related Services Education and Training Authority established to promote the Skills Development Act, (Act No. 97 of 1998). It facilitates skills development in the following sub-sectors: metal and engineering, automotive manufacturing, motor retail and component manufacturing, new tyre manufacturing and plastics industries.

3 OBJECTIVE

The objective of this project is to procure and appoint the services of a qualified and suitable service provider to offer Employee Wellness Services to merSETA staff with the aim to:

- 3.1** Establish and maintain an employee work-life balance through wellness programme and its activities;
- 3.2** Establish and maintain a holistic approach to support employees in managing work, personal and social challenges;
- 3.3** Provide employees and their immediate family members with a comprehensive resource to help them address life challenges;
- 3.4** Provide management with a practical resources to support their employees with personal and work-related challenges when they impact on an employee's performance and general wellbeing;
- 3.5** Support all employees with matters relating to COVID-19 pandemic in general.

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 3 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

The merSETA seeks to appoint a wellness service provider/s for the provision of integrated wellness services nationally in the following offices:

Region	Head Count	Address
Head Office and Gauteng South Region	183	MerSETA House, 95 7 th Avenue, Cnr Rustenburg Road, Melville, Johannesburg, 2109
Mpumalanga Limpopo	13	1 st Floor, No 8 Corridor Street, Route N4, Business Park, Ben Fleur Ext 11, Emalahleni
Bloemfontein	21	46 Second Avenue, Westdene, Bloemfontein
KwaZulu Natal	18	149 Essenwood, Stephen Dlamini Road, Musgrave
Western Cape	19	Ground Floor, Simeka House, Farm 2, Vineyards Office Estate, 99 Jip de Jager Drive, De Bron, Durbanville
Eastern Cape	14	Pickering Park Office Suites, 14 – 20 Pickering Street, Newton Park, Gqeberha
Gauteng North	11	Automotive Supplier Park, 30 Helium Road, Rosslyn Ext 2
Total	279	

Note: The addresses of the Regional Offices might change but the footprint will remain the same

4 PROJECT/ CONTRACT

The contract period for this project will be from date of the last signature to the period of **three (3) years**.

5 SCOPE OF PROJECT

The services required aligned to the Department of Public Service Administration prescripts, but not limited to, would involve the following:

5.1. Area 1: HIV/AIDS, COVID 19 e.g. prevention, care and support,

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 4 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

**The document with the latest revision date is the current official document*

human rights and access to justice, research, monitoring and evaluation;

- 5.2. Area 2:** Health and productivity (mental health, stress management, crisis support / debriefing, impact of health and productivity);
- 5.3. Area 3:** SHRQ and COVID 19 Management (Safety, Health, Environment, Risk, Quality)
- 5.4. Area 4:** Wellness and COVID 19 management (individual wellness, psychosocial, spiritual lifestyle management, organizational wellness and work life balance).
- To improve employee's physical, social, economic and psychological wellbeing;
 - To promote health and wellness through education using different communication platforms. Assessments to be conducted, to ensure early identification and management of health problems;
 - Preventative lifestyle management thereby reducing ill-health complications, disability and premature deaths (e.g. Obesity related);
 - To equip employees with knowledge that will enable them to make the right choices towards good quality life and health.
 - Explore what applicable interventions can be put in place for our environment.
 - To provide management with an advisory service as to dealing with employee wellness matters.

6 OUTCOMES AND DELIVERABLES

The Bidder must possess specialized experience, knowledge and expertise to be able to deliver the following services:

6.1 HEALTH MANAGEMENT

- Preventative Care: Travel medicine, Flu and COVID 19 vaccines, Family Planning. (As and when required)
- Primary Health Care: Assess, dispense medication for minor illnesses assessment. (2 Visits a month)
- Case management of chronic conditions and monthly reports must include progress made. Work with Occupational Health and Safety (OHS) unit to manage Injury on Duty (IOD) emergency cases for the merSETA in line with the Occupational Health and Safety Act.

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 5 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

6.2 WELLNESS AND LIFESTYLE MANAGEMENT

- Plan and conduct Annual and mid-year wellness activities based on merSETA engagements and requirements;
- Health and Wellness promotion, awareness, and campaigns as per National Health calendar;
- Debt advisory and advocacy services;
Telephonic legal advisory services available 24 hours, 7 days a week but excluding representation.

6.3 WELLNESS ASSESSMENT

- Conduct detailed Wellness Intervention, post Wellness Days screening, Life Style Management Programs and Disease Management Programs.
- Service providers will be required to provide the equipment when rendering services on merSETA's wellness day.

6.4 EMPLOYEE ASSISTANCE PROGRAMME:

- 6.4.1. Apply Employee Assistance Programme (EAP) standards and best practice when providing the following: 24 hours, 7 days a week telephonic counseling in all official languages should include Life Management Services such as legal, financial and family care services with a suitably qualified counselor;
- 6.4.2. Online wellness service and application;
- 6.4.3. Trauma management services including on-site management (In-house), should the need arise for a group or individual for but not limited to;
- Stress Management;
 - Financial Issues;
 - Personal/family;
 - Occupational issues such as group grievances on matters relating to wellness and safety, and relationships in the work environment;
 - Life skills and psychosocial related training/workshops;
 - Referrals for rehabilitation;
 - Conflict management and resolutions within team dynamics;

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 6 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

- Group sessions should cater for issues that pertain to organizational issues and the sessions to be conducted onsite
- Vicarious trauma – providing debriefing for grief, loss and ongoing debriefing to employees who are exposed to traumatic scenes/experiences in their jobs.

6.4.4. Provision for communication and health promotion information;

6.4.5. Appropriate referral and managerial services;

6.4.6. Management of consultation services;

6.4.7. Provide employees with various options of accessing EAP services like toll free's, use of an app (e.g. WhatsApp), call-back and emails and Face-to-face counseling;

6.5 ABSENTEEISM MANAGEMENT & REPORTING (Quarterly and as and when required):

Based on the available data, the report structure must incorporate the following:

- 6.5.1 Absenteeism rate for the reporting period at organizational and departmental level.
- 6.5.2 Absenteeism cost for the reporting period at organizational and departmental level.
- 6.5.3 Long-term vs short term absenteeism ratio absenteeism with regards to;
 - Days of week;
 - Duration;
 - Age bands;
 - Gender;
 - Occupational level/ job categories;
 - Reasons for absenteeism;
 - Identifications of drivers and triggers to absenteeism;
 - Identification of employees at risk for long term absence;
 - Proposed absenteeism management interventions;
 - The absenteeism management must be geared towards ensuring an early return to work and to address employee's sickness absenteeism from a holistic approach;
 - The absenteeism management program must be results driven;

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 7 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

6.6 INCAPACITY AND INDEPENDENT ASSESSMENTS

- 6.6.1 Provide assistance and support in line with the merSETA Pension Administrators related cases of incapacity
- 6.6.2 Provide health assessments referrals
- 6.6.3 Provide referrals to independent specialist
- 6.6.4 Provide recommendations in line with Wellness Health program conduct fitness for work assessments

6.7 MANAGEMENT COMMITTEE WELLNESS PROGRAMME

The programmes targeted at Management Committee (MANCO) members:

- 6.7.1 The MANCO members wellness programme will have to be specifically designed to support the need for MANCO member to optimize and sustain their physical, mental or emotional wellbeing as key components of personal competitive advantage.
- 6.7.2 Has to be designed around the busy schedule of an executive e.g. schedule appointments for assessment and consultations at their convenience.
- 6.7.3 Annual assessments to provide continued support to empower the MANCO members to continuously strive towards the achievement of their wellness needs. The programme must cover the following:

No	Services	Three year cycle		
		Year 1	Year 2	Year 3
1.	Medical assessment by a medical practitioner	X	X	X
2.	Biokineticist consultation (anthropometry and body composition)	X	X	X
3.	Nutritional assessment by a dietician	X	X	X
4.	Eye Screening (Optometrist)	X	X	X
5.	Hearing Screening (Audiologists)	X	X	X
6.	Full blood pathology	X	X	X
7.	Lung function assessment	X	X	X

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 8 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

8.	Cardiac assessment	X	X	X
9.	Female health checks (Hemoglobin test and mammogram)	X	X	X
10.	Male health checks (uric acid and prostate testing)	X	X	X
11.	Therapeutic and sports massage by a therapist	X	X	X
12.	Stress management boosters	X	X	X
13.	Health checks (Glucose, high blood pressure, Cholesterol, weight assessment etc.)	X	X	X

Wellness Programme Management Reporting

- Monthly reports on all programmes
- Quarterly report on all programmes
- Annual report on all programmes
- All reports must include interpretation and recommended for action.
- The above request is for only five (5) Executives members

6.8 TRAINING AND AWARENESS (Blended learning which include e-learning and face-to-face sessions)

The training topics include but not limited to the following:

- 6.8.1 Emotional impact sessions
- 6.8.2 Financial management
- 6.8.3 Absenteeism management
- 6.8.4 Mental and behavioral disorders
- 6.8.5 Ongoing health education
- 6.8.6 Primary Health, Wellness, EAP, Obesity and process of accessing services, individual Medical Surveillance information/education sessions and awareness sessions.

6.9 MANAGEMENT ADVISORY SERVICES

Provide a telephonic referral service to managers who are in need of advice relating to the handling of health and wellness related matters.

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 9 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

6.10 FURTHER REQUIREMENTS

6.10.1 Service provider will not incur costs for office or boardroom occupation and internet usage while in the premises of the merSETA.

6.11. REPORTING

Reports should be sent to merSETA as per the following requirements:

- Monthly report
- Quarterly report
- Annual report
- Statistical Analysis
- Ad hoc report

7 PRICING SCHEDULE

Bidders must include the items listed below in a Pricing Schedule, and submit it with proposal. This pricing must be summarized on SBD 3.3 form.

No:	ITEM
1.	Health Management
2.	Wellness and Life Style Management
3.	Wellness Assessment
4.	Employee Assistance Programme
5.	Absenteeism Management & Reporting
6.	Incapacity and Independent Assessment
7.	Wellness Programme for Management Committee (MANCO)
8.	Training and awareness
9.	Management Advisory Services
	GRAND TOTAL

8 CONTENT OF SUBMISSIONS

8.1 Provide a proposal as per the scope of work above

8.2 Any additional service offering relevant to the scope of work;

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 10 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

- 8.3** Provide detailed pricing schedule as per and summarise same on SBD3.3 form.
- 8.4** Any additional service offering relevant to the scope of work
- 8.5** Proof of registration on the Central Supplier Database hosted by National Treasury.
- 8.6** Fully completed and signed SBD 1; 3.3; 4; 6.1;7.2; 8 and 9 forms.
- 8.7** Bidders to indicate if there will be any subcontracting and also indicate the percentage (%) on the SBD 6.1 form.
- 8.8** Certified ID copies of all directors of the company;
- 8.9** Certified copy of a valid BBBEE certificate, CIPC BBBEE certificate or affidavit. BBBEE Certificate issued by CIPC will be verified with CIPC.
- 8.10** In instances of a joint venture /consortium the Joint Venture Certificate must be included (indicating the percentage of duties for all companies in the joint venture). The consolidated joint venture B-BBEE Certificate must be submitted in order to claim points. However, for a subcontractor the B-BBEE certificate of both the contractor and subcontractor must be submitted.

9 REQUIREMENTS

9.1 Bidder must have ten (10) years' experience in the provision of rendering Employee Wellness Services related business. The reference letters x3 (three) must be between 2018 and 2020 and link the requirement to the reference letters to be submitted including the below:

- Name of client
- Position
- Contact telephone numbers
- Work performed.
- Dates when work performed.
- Signed

9.2 Expertise and Capacity (Composition of Project Team)

The proposal should reflect levels of expertise and capacity in the deliverance of Service requirements by including the CV's, qualifications and certificates of the below team members.

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 11 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

- Team leader must possess a minimum of a Bachelor's Degree in Psychology and/or Psychiatry and at least three (3) years' experience in Employee Wellness Management.
- Team members (x2) must possess a minimum of a Bachelor's Degree in Social Work / or Professional Nursing Degree and at least two (2) years' experience in Employee Wellness Management. (Bidders must submit verifiable confirmation of registration with the Nurses Council).
- Proof of registration with the Health Professional Council of South Africa (HPCSA) and/or Social Workers Council of South Africa for Team leader and the team members x 2 who will be managing cases for head office and regional offices must be attached to the proposal.

9.3 Project Plan and Implementation

Bidder must demonstrate understanding of the project indicating clear timelines, targets and engagement strategy. The following aspects must be taken into consideration:

- Project plan with intermediate and final outputs.
- Identified time frames/milestones.
- Proposed methodology.
- Management of the project.

10 SCORING GRID

No	Requirement	Criteria	Score
10.1.	Years of experience Bidder must have ten (10) years' experience in the provision of rendering Employee Wellness Services related business. Content supported by proof from three (3) reference letters must be between 2018 and 2020 and must include confirmation of delivery of emergency services.	Ten (10) years or more and three (3) reference letters between 2018-2020	10
		5– 10 years and two(2) reference letters between 2018-2020	5
		Less than five (5) years' experience and less than two(2) reference letters between 2018-2020	0

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 12 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

10.2.	Accreditation, Team leader & Team Members Experience:		
10.2.1.	Team leader must have at least three (3) years' experience in Employee Wellness Management.	Three (3) years' experience in Employee Wellness Management.	10
		Less than three (3) years' experience in Employee Wellness Management.	0
10.2.2.	Individual team members x 2 must have at least two (2) years' experience in Employee Wellness Management.	Two (2) years' experience in Employee Wellness Management.	10
		Less than two (2) years' experience in Employee Wellness Management.	0
10.2.3.	CV's of the team leader (x1), and team members x2 must be attached to the proposal as proof.	CV's of the team leader (x1) and team members x2 submitted.	10
		Less than two (2) CV's submitted	0
10.2.4.	Bidders must submit verifiable confirmation of registration with the Health Professional Council of South Africa (HPCSA) for team leader and members who will be managing the cases for merSETA.	Verifiable confirmation of registration with the Health Professional Council of South Africa (HPCSA) for team leader and members submitted.	10
		No Verifiable confirmation of registration with the Health Professional Council of South Africa (HPCSA) for team leader and members submitted.	0

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 13 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

10.3.	Qualifications:		
10.3.1.	Team leader must be either a registered Psychologist or Psychiatrist.	Registered Psychologist or Psychiatrist proof submitted	10
		Registered Psychologist or Psychiatrist proof not submitted	0
10.3.2.	Team members x2 must possess a minimum of a Bachelor's Degree in Social Work or a Professional Nursing Degree.	Bachelor's Degree in Social Work and/or a Professional Nursing Degree submitted for 2 x team members - Certificates attached	10
		Bachelor's Degree in Social Work and/or a Professional Nursing Degree submitted for 2 x team members or less - Certificates not attached	0
		No proof of registration with the Nurses Council	0
10.4.	Project Plan:		
10.4.1.	Project plan with the following: <ul style="list-style-type: none"> • Intermediate final outputs and identified time frames/milestones. • Proposed methodology • Management of project 	Project plan with all (3) three of the following: <ul style="list-style-type: none"> • Intermediate final outputs and identified time frames/milestones. • Proposed methodology 	10

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 14 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

		<ul style="list-style-type: none"> Management of project 	
		Project plan without all of the following 3 (three) criteria or No project plan: <ul style="list-style-type: none"> Intermediate final outputs and identified time frames/milestones. Proposed methodology Management of project 	0
10.5.	Emergency Services:		
10.5.1.	Emergency toll-free telephone services accessible by merSETA staff members 24/7 to be available in respect of for example trauma counselling etc Supported by the reference letter	Emergency toll-free telephone services is available (supported by reference letter)	10
		Emergency toll-free telephone services is available (not supported by reference letter)	5
		Emergency toll-free telephone services is not available	0

11 BUDGET (COST ESTIMATION)

The 80/20 evaluation criteria will be utilised. This evaluation criterion refers to 80% for Price and 20% for B-BBEE.

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 15 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

12 CLOSING DATE

The closing date for submissions to be considered for this project shall be 10 May 2021, 12:00 noon.

13 PAYMENT TERMS

The merSETA undertakes to pay valid invoices in full within 30 (thirty) days from receipt of the correct invoice and for work done to its satisfaction upon presentation of a substantiated claim. The merSETA shall not pay for any unproductive or duplicated time spent by the Bidder on any assignment because of staff changes, inefficiencies, or rework.

14 EVALUATION PROCESS

All bids duly lodged will be evaluated on functionality and price.

The evaluation criteria and weighting for measuring functionality are shown below:

No	Criterion	Weighting	Minimum thresholds
14.1.	Years of experience <ul style="list-style-type: none">Bidder must have ten (10) years' experience in the provision of rendering Employee Wellness Services related business.Content supported by proof from three (3) reference letters must be between 2018 and 2020 and must include confirmation of delivery of emergency services.	10%	5%
14.2.	Accreditation, Team leader & Team Members Experience: Team leader must have at least three (3) years' experience in Employee Wellness Management.	5%	5%

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 16 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

14.2.1	Individual team members x2 must have at least two (2) years' experience in Employee Wellness Management.	5%	5%
14.2.2.	CV's of the team leader x1 and team members x2 must be attached to the proposal as proof.	5%	5%
14.2.3	Bidders must submit verifiable confirmation of registration with the Health Professional Council of South Africa (HPCSA) for team leader and members who will be managing the cases for merSETA.	10%	10%
14.3.	Qualifications: Team leader must be either a registered Psychologist or Psychiatrist.	10%	10%
14.3.1.	Team members x2 must possess a minimum of a Bachelor's Degree in Social Work and/or a Professional Nursing Degree.	10%	10%
14.4.	Project Plan: Project plan with the following: <ul style="list-style-type: none"> • intermediate final outputs and identified time frames/milestones. • Proposed methodology • Management of project 	25%	25%

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 17 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

14.5.	Emergency Services: Emergency toll-free telephone services accessible by merSETA staff members 24/7 to be available in respect of for example trauma counselling etc. Supported by the reference letter	20%	10%
	Total	100%	85%

The overall minimum threshold for functionality will be **85%** where all individual thresholds are adhered to.

The evaluation of submitted bids will be conducted as follows:

Firstly, the bids will be evaluated for functionality based on the evaluation criteria and the minimum threshold as shown in the table above. Any bid that fails to meet the overall minimum threshold or has not received the minimum score for any individual component thresholds will be disqualified.

Thereafter, only the qualifying bids will be evaluated in terms of the 80/20 preference points system, where 80 points will be allocated to price only and 20 points will be allocated in line with the bidder's B-BBEE status level of contribution.

This will be carried out in accordance with the PPPF Act and as follows

B-BBEE Status Level of Contributor	Number of Points
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 18 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

15 NOTES TO BIDDERS

This section outlines basic requirements that must be met. Failure to accept these conditions or part thereof will result in your proposal being excluded from the evaluation process.

- 15.1. Short listed service providers may be invited to present and discuss details of their proposals.
- 15.2. Bidders must complete the merSETA tender documents; Vendor Application form; SBD's 1, 3.3, 4, 6.1, 7.2, 8 and 9 forms before their submissions will be considered.
- 15.3. Tender documents should be presented to merSETA marked **"TENDER FOR PROCUREMENT OF WELLNESS SERVICES – HUM/2021/003"**
- 15.4. The merSETA will not be liable to reimburse any costs incurred by the bidder during the tender process.
- 15.5. Bidders should identify any work they are currently carrying out or competing for which could cause a conflict of interest, and indicate how such a conflict would be avoided.

16 GENERAL

- 16.1. Bidders should complete the submission register at the security then deposit their documents into the tender box available at Ground Floor Reception on or before 10 May 2021, **12:00 noon** at the address below;
Tender Box
merSETA Head Office
95, 7th Avenue Corner Rustenburg Road
Melville
Johannesburg
2109
- 16.2. Any tender document not deposited in the marked tender box will not be considered
- 16.3. Any tender document received after the closing date and time will not be considered.
- 16.4. Two (2) bound and one (1) unbound hard copies of the proposal must be submitted.

Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 19 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

- 16.5. All correspondence to bidders will be in writing.
- 16.6. Bidders may attend the opening of the tender box on the closing date.
- 16.7. Late submissions will not be considered for this tender.

17 DISCLAIMER

The merSETA reserves the right not to appoint a bidder for this tender. The merSETA further reserves the right to split the tender with more than one bidder or award a portion of this tender to other bidders.

The merSETA shall rescind a bid award or contract should a bidder be found to have violated Supply Chain Practices.

The merSETA does not bind itself to accept the lowest tender.

Approved by: _____

Name: Mr Naphtaly Mokgotsane
Designation: Chairperson: Bid Specification Committee



Document Title	Terms of Reference for Open Tenders		
Document Number	FIN-TR-001(B)	Date Compiled:	07 February 2011
Page Number	Page 20 of 20	*Last Revision Date	30 November 2017
Revision Number	Rev 07	Access	Controlled

*The document with the latest revision date is the current official document

**PART A
INVITATION TO BID**

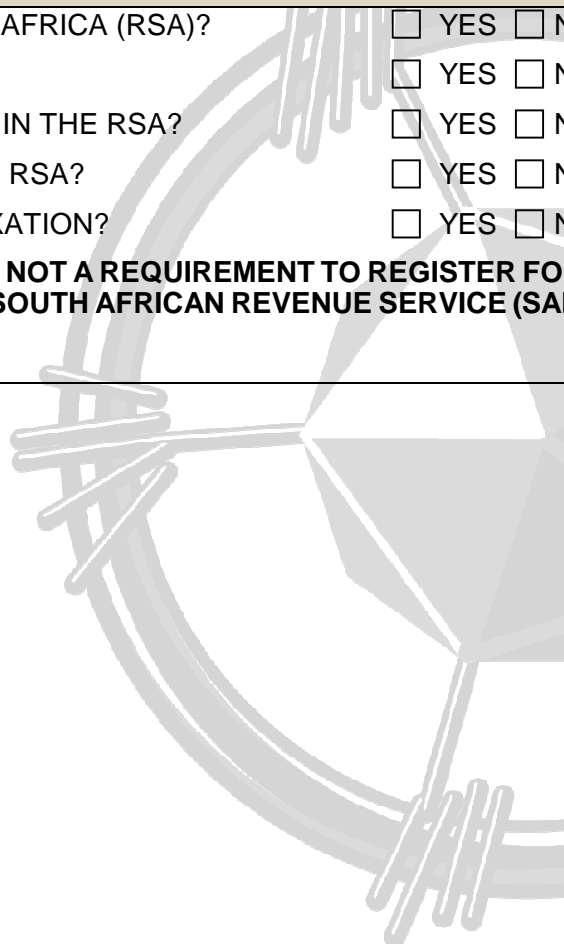
YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)					
BID NUMBER:		CLOSING DATE:		CLOSING TIME:	
DESCRIPTION					
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO			TECHNICAL ENQUIRIES MAY BE DIRECTED TO:		
CONTACT PERSON			CONTACT PERSON		
TELEPHONE NUMBER			TELEPHONE NUMBER		
FACSIMILE NUMBER			FACSIMILE NUMBER		
E-MAIL ADDRESS			E-MAIL ADDRESS		
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
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE	TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No	
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]					

Document Title	Invitation To Bid (SBD 1)		
Document Number	FIN-FM-031	Revision Date	01 May 2019
Page Number	Page 1 of 3	*Next Revision Date	01 May 2021
Revision Number	Rev 01	Access	Controlled
Reviewed: Chief Financial Officer		Approved: Chief Executive Officer	

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES, ANSWER PART B:3]
---	--	--	--

QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

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.	



Document Title	Invitation To Bid (SBD 1)		
Document Number	FIN-FM-031	Revision Date	01 May 2019
Page Number	Page 2 of 3	*Next Revision Date	01 May 2021
Revision Number	Rev 01	Access	Controlled

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, 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).**

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 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 Title	Invitation To Bid (SBD 1)		
Document Number	FIN-FM-031	Revision Date	01 May 2019
Page Number	Page 3 of 3	*Next Revision Date	01 May 2021
Revision Number	Rev 01	Access	Controlled

PRICING SCHEDULE
(Professional Services)

NAME OF BIDDER: BID NO.:
CLOSING TIME..... CLOSING DATE.....

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

ITEM NO	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)	
1.	The accompanying information must be used for the formulation of proposals.		
2.	Bidders are required to indicate a ceiling price based on the total estimated time for completion of all phases and including all expenses inclusive of all applicable taxes for the project. R.....		
3.	PERSONS WHO WILL BE INVOLVED IN THE PROJECT AND RATES APPLICABLE (CERTIFIED INVOICES MUST BE RENDERED IN TERMS HEREOF)		
4.	PERSON AND POSITION	HOURLY RATE	DAILY RATE
	.....	R.....	.....
	.....	R.....	.....
	.....	R.....	.....
	.....	R.....	.....
	.....	R.....	.....
5.	PHASES ACCORDING TO WHICH THE PROJECT WILL BE COMPLETED, COST PER PHASE AND MAN-DAYS TO BE SPENT		
	.....	R.....	.....days
	.....	R.....	.....days
	.....	R.....	.....days

Document Title	Pricing Schedule (Professional Services SBD 3.3)		
Document Number	FIN-FM-032	Revision Date	01 August 2018
Page Number	Page 1 of 3	*Next Revision Date	01 August 2020
Revision Number	Rev 01	Access	Controlled
Review: Senior Manager: Supply Chain and Contract Management		Approved: CEO	

Name of Bidder:

..... R.....days

- 5.1 Travel expenses (specify, for example rate/km and total km, class of airtravel, etc). Only actual costs are recoverable. Proof of the expenses incurred must accompany certified invoices.

DESCRIPTION OF EXPENSE TO BE INCURRED	RATE	QUANTITY	AMOUNT
.....	R.....
.....	R.....
.....	R.....
.....	R.....
TOTAL: R.....			

** "all applicable taxes" includes value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies.

- 5.2 Other expenses, for example accommodation (specify, eg. Three star hotel, bed and breakfast, telephone cost, reproduction cost, etc.). On basis of these particulars, certified invoices will be checked for correctness. Proof of the expenses must accompany invoices.

DESCRIPTION OF EXPENSE TO BE INCURRED	RATE	QUANTITY	AMOUNT
.....	R.....
.....	R.....
.....	R.....
.....	R.....
TOTAL: R.....			

6. Period required for commencement with project after acceptance of bid.....
7. Estimated man-days for completion of project.....
8. Are the rates quoted firm for the full period of contract? *YES/NO
9. If not firm for the full period, provide details of the basis on which adjustments will be applied for, for example consumer price index.....
-

Document Title	Pricing Schedule (Professional Services SBD 3.3)		
Document Number	FIN-FM-032	Revision Date	01 August 2018
Page Number	Page 2 of 3	*Next Revision Date	01 August 2020
Revision Number	Rev 01	Access	Controlled

Name of Bidder:

*[DELETE IF NOT APPLICABLE]

Any enquiries regarding bidding procedures may be directed to the –

(INSERT NAME AND ADDRESS OF DEPARTMENT/ENTITY)

Tel:

Or for technical information –

(INSERT NAME OF CONTACT PERSON):

Tel:



Document Title	Pricing Schedule (Professional Services SBD 3.3)		
Document Number	FIN-FM-032	Revision Date	01 August 2018
Page Number	Page 3 of 3	*Next Revision Date	01 August 2020
Revision Number	Rev 01	Access	Controlled

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, 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, shareholder², 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.

¹"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.

Document Title	Declaration Of Interest (SBD 4)		
Document Number	FIN-FM-025	Revision Date	01 April 2020
Page Number	Page 1 of 4	*Next Revision Date	01 April 2025
Revision Number	Rev 04	Access	Controlled
Reviewed by: Chief Financial Officer		Approved by: Chief Executive Officer	

²"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.

Document Title	Declaration Of Interest (SBD 4)		
Document Number	FIN-FM-025	Revision Date	01 April 2020
Page Number	Page 2 of 4	*Next Revision Date	01 April 2025
Revision Number	Rev 04	Access	Controlled

.....

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 Tax Number	Income Reference	State Employee Number / Persal Number

Document Title	Declaration Of Interest (SBD 4)		
Document Number	FIN-FM-025	Revision Date	01 April 2020
Page Number	Page 3 of 4	*Next Revision Date	01 April 2025
Revision Number	Rev 04	Access	Controlled

4 DECLARATION

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

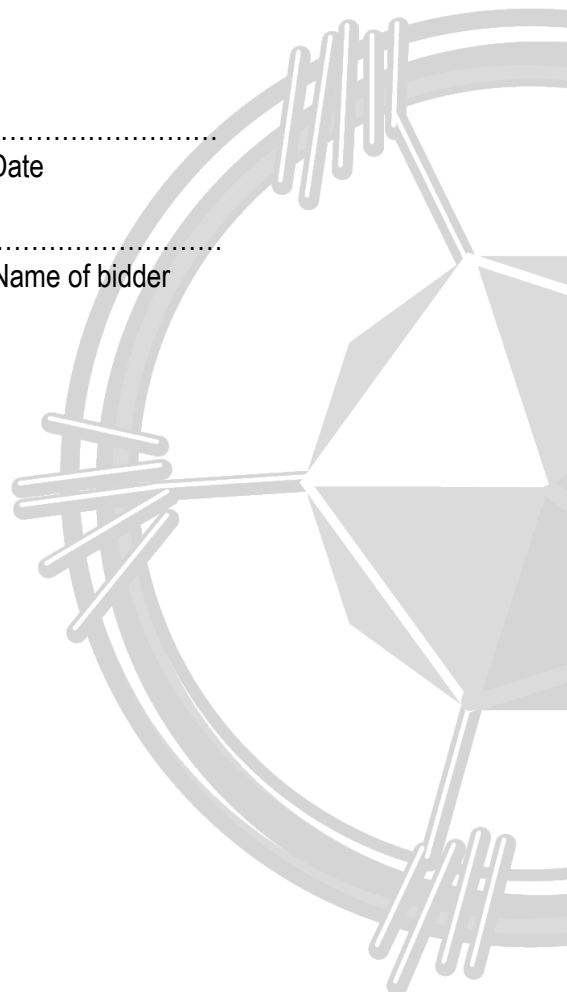
CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS
DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder



Document Title	Declaration Of Interest (SBD 4)		
Document Number	FIN-FM-025	Revision Date	01 April 2020
Page Number	Page 4 of 4	*Next Revision Date	01 April 2025
Revision Number	Rev 04	Access	Controlled

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all bids:

- 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 a) The value of this bid is estimated to **exceed/not exceed** R50 000 000 (all applicable taxes included) and therefore the preference point system shall be applicable; or

b) Either the 80/20 or 90/10 preference point system will be applicable to this tender (delete whichever is not applicable for this tender).

1.3 Points for this bid shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this bid are allocated as follows:

	POINTS
PRICE	
B-BBEE STATUS LEVEL OF CONTRIBUTOR	
Total points for Price and B-BBEE must not exceed	100

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 1 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled
Reviewed by: Chief Financial Officer		Approved by: Chief Executive Officer	

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 2 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled

2. DEFINITIONS

- (a) B-BBEE **means** broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) B-BBEE status level of contributor **means** the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) Bid **means** a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) Broad-Based Black Economic Empowerment Act **means** the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) EME **means** an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) Functionality **means** the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) Prices **means** all applicable taxes less all unconditional discounts;
- (h) Proof of B-BBEE status level of contributor **means**:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) QSE **means** a Qualifying Small Business Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) Rand Value **means** the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes.

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 3 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled

3. POINTS AWARDED FOR PRICE

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

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

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \quad \text{or} \quad P_s = 90 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$$

Where

P_s = Points scored for price of bid under consideration

P_t = Price of bid under consideration

P_{\min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

- 4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (90/10 system)	Number of points (80/20 system)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

4. BID DECLARATION

- 4.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 4 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled

5. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

5.1 B-BBEE Status Level of Contributor =(maximum of 10 or 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

6. SUB-CONTRACTING

6.1 Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

6.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted%
- ii) The name of the subcontractor.....
- iii) The B-BBEE status level of the sub-contractor.....
- iv) Whether the sub-contractor is an EME or QSE

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- v) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are youth	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are women	<input type="checkbox"/>	<input type="checkbox"/>
Black people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Black people living in rural or underdeveloped areas or townships	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative owned by black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are military veterans	<input type="checkbox"/>	<input type="checkbox"/>
OR		
Any EME	<input type="checkbox"/>	<input type="checkbox"/>
Any QSE	<input type="checkbox"/>	<input type="checkbox"/>

7. DECLARATION WITH REGARD TO COMPANY/FIRM

7.1 Name of company/firm:

7.2 VAT number:

7.3 Company registration number:

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 5 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled

7.4 TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One person business/sole propriety
- ☐ Close corporation
- ☐ Company
- ☐ (Pty) Limited

[TICK APPLICABLE BOX]

7.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....

.....

.....

.....

.....

7.6 COMPANY CLASSIFICATION

- ☐ Manufacturer
- ☐ Supplier
- ☐ Professional service provider
- ☐ Other service providers, e.g. transporter, etc.

[TICK APPLICABLE BOX]

7.7 Total number of years the company/firm has been in business:

.....

7.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we 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 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 6 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled

- (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 bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury 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.

WITNESSES

1.
2.

.....
SIGNATURE(S) OF BIDDERS(S)

DATE:

ADDRESS

.....

Document Title	Standard Bidding Forms (SBD 6.1)		
Document Number	FIN-FM-026	Revision Date	01 April 2020
Page Number	Page 7 of 7	*Next Revision Date	01 April 2025
Revision Number	Rev 05	Access	Controlled



SBD 7.2

CONTRACT FORM - RENDERING OF SERVICES

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

PART 1 (TO BE FILLED IN BY THE SERVICE PROVIDER)

1. I hereby undertake to render services described in the attached bidding documents to (name of the institution)..... in accordance with the requirements and task directives / proposals specifications stipulated in Bid Number..... at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the Purchaser during the validity period indicated and calculated from the closing date of the bid .
2. The following documents shall be deemed to form and be read and construed as part of this agreement:
 - (i) Bidding documents, viz
 - Invitation to bid;
 - Tax clearance certificate;
 - Pricing schedule(s);
 - Filled in task directive/proposal;
 - Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2011;
 - Declaration of interest;
 - Declaration of bidder's past SCM practices;
 - Certificate of Independent Bid Determination;
 - Special Conditions of Contract;
 - (ii) General Conditions of Contract; and
 - (iii) Other (specify)
3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the services specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.
4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfillment of this contract.

Document Title	Contract Form Rendering of Services (SBD 7.2)		
Document Number	FIN-FM-033	Revision Date	01 May 2019
Page Number	Page 1 of 3	*Next Revision Date	01 May 2021
Revision Number	Rev 01	Access	Controlled
Reviewed: Chief Financial Officer		Approved: Chief Executive Officer	

5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.
6. I confirm that I am duly authorised to sign this contract.

NAME (PRINT)

CAPACITY

SIGNATURE

NAME OF FIRM

DATE

WITNESSES	
1	.....
2	.....
DATE:	

SBD 7.2

CONTRACT FORM - RENDERING OF SERVICES

PART 2 (TO BE FILLED IN BY THE PURCHASER)

1. I..... in my capacity as.....
accept your bid under reference numberdated.....for the rendering of services indicated hereunder and/or further specified in the annexure(s).
2. An official order indicating service delivery instructions is forthcoming.
3. I undertake to make payment for the services rendered in accordance with the terms and conditions of the contract, within 30 (thirty) days after receipt of an invoice.

Document Title	Contract Form Rendering of Services (SBD 7.2)		
Document Number	FIN-FM-033	Revision Date	01 May 2019
Page Number	Page 2 of 3	*Next Revision Date	01 May 2021
Revision Number	Rev 01	Access	Controlled

DESCRIPTION OF SERVICE	PRICE (ALL APPLICABLE TAXES INCLUDED)	COMPLETION DATE	B-BBEE STATUS LEVEL OF CONTRIBUTION	MINIMUM THRESHOLD FOR LOCAL PRODUCTION AND CONTENT (if applicable)

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

SIGNED ATON.....

NAME (PRINT)

SIGNATURE

OFFICIAL STAMP

WITNESSES

1

2

DATE:

Document Title	Contract Form Rendering of Services (SBD 7.2)		
Document Number	FIN-FM-033	Revision Date	01 May 2019
Page Number	Page 3 of 3	*Next Revision Date	01 May 2021
Revision Number	Rev 01	Access	Controlled

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Standard Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Question	Yes	No
4.1	<p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	<p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Document Title	Declaration Of Bidder's Past Supply Chain Management Practices (SBD 8)		
Document Number	FIN-FM-027	Revision Date	01 April 2020
Page Number	Page 1 of 2	*Next Revision Date	01 April 2025
Revision Number	Rev 03	Access	Controlled
Reviewed by: Chief Financial Officer		Approved by: Chief Executive Officer	

4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

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

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

Document Title	Declaration Of Bidder's Past Supply Chain Management Practices (SBD 8)		
Document Number	FIN-FM-027	Revision Date	01 April 2020
Page Number	Page 2 of 2	*Next Revision Date	01 April 2025
Revision Number	Rev 03	Access	Controlled

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

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- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Question	Yes	No
4.1	<p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	<p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Document Title	Declaration Of Bidder's Past Supply Chain Management Practices (SBD 8)		
Document Number	FIN-FM-027	Revision Date	01 April 2020
Page Number	Page 1 of 2	*Next Revision Date	01 April 2025
Revision Number	Rev 03	Access	Controlled
Reviewed by: Chief Financial Officer		Approved by: Chief Executive Officer	

4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

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

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

Document Title	Declaration Of Bidder's Past Supply Chain Management Practices (SBD 8)		
Document Number	FIN-FM-027	Revision Date	01 April 2020
Page Number	Page 2 of 2	*Next Revision Date	01 April 2025
Revision Number	Rev 03	Access	Controlled



VENDOR APPLICATION FORM

[For professional services please completed this document in conjunction with merSETA professional services database questionnaire]

All corporates, trusts; franchises; companies etc must complete PART' 1; PART 2 - Section B; PART 3 & PART 4

All Individuals and partnership must complete PART 1; PART 2 - Section A; PART 3 & PART 4

PART 1:

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname : _____
(If one-man concern)

'Trading as' name of business: _____
(Contracts and orders will be made in this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:

Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Code: _____

Postal address of business:

Postnet address: _____

P O Box / Private Bag : _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Contact person fax number: Code: _____ Number: _____
(Used by merSETA for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Business e-mail : _____

Document Title	Vendor Application Form		
Document Number	FIN-FM-009	Revision Date	01 April 2020
Page Number	Page 1 of 6	*Next Revision Date	01 April 2025
Revision Number	Rev 08	Access	Controlled
Reviewed by: Senior Manager: Supply Chain and Contract Management		Approved by: Chief Executive Officer	

PART 2: TAXATION

Business Registration number (if applicable) _____
(in case of one-man concern, please furnish identity number plus copy of identity documents)

Section A: Individuals / Partnerships

Please answer the questions by marking the appropriate column with an "X".
Please do not leave out any question relating to your specific circumstances.

Supplier Name:	
Natural Persons:	
Nationality:	
Income Tax reference number:	
Date of birth:	
If not a citizen of the RSA, furnish a certified copy of a work permit:	
If in possession of a tax directive, furnish a certified copy thereof:	

Question		Yes	No
1.	Do you supply services on behalf of a Labour Broker?		
2.	Are you subject to the control or supervision of Merseta? Including, but not limited to, the following: <ul style="list-style-type: none"> The manner of duties performed; The hours of work; The quality of work. 		
3.	Are you paid at regular intervals i.e. daily, weekly, monthly etc? (If the payments are made at regular intervals or by a rate per time period)		
4.	Will payment to you include any benefits? Including, but not limited to, the following: <ul style="list-style-type: none"> Leave pay; Medical aid; Training; Sick Leave. 		
5.	Will, or have you be/been in the full time employment of Merseta?		
6.	Will you require of Merseta to provide any equipment, tools, materials or office space, in order to fulfil the contract?		
7.	Do you supply these, or similar, services only to Merseta and not to any other client or the general public?		
8.	Will you be required to work more than 22 hours per week?		
8.1	If "yes", will payment be made on an hourly, daily or weekly basis?		
8.2.1	Will you work solely for Merseta?		
8.2.2	Will you provide a written statement to this effect?		
8.2.3	How much will you be paid per day?		

Document Title	Vendor Application Form		
Document Number	FIN-FM-009	Revision Date	01 April 2020
Page Number	Page 2 of 6	*Next Revision Date	01 April 2025
Revision Number	Rev 08	Access	Controlled

Question		Yes	No
Non-Residents of the RSA			
9.	Will you return to your jurisdiction of residence upon the termination of the contract?		
10.	Is the contract to exceed a period of three years?		
11.	Will you be returning to the jurisdiction of residence during the course of the contract? If so, for what periods of time?		
12.	Is your employer resident in the Republic of South Africa or does a permanent establishment or branch represent the employer in the Republic?		
13.	If a permanent establishment or branch represents the employer in the Republic, will your salary be paid from such permanent establishment or branch?		
14.	Will you be required to perform any work outside of the Republic?		
15.	Do you agree to submit copies of your passport should Merseta, so require?		

Section B: Companies, CC's; Trusts etc

Please answer the questions by marking the appropriate column with an "X".
Please do not leave out any question relating to your specific circumstances.

Supplier Name:	
Nature of legal entity:	
Date of incorporation:	

Question		Yes	No
1.	Are you a "Labour Broker" i.e. do you provide payment for supplying Merseta with a person/s? If so, furnish a certified copy of an IRP30, which is valid for the period of the contract		
2.	Is the service to be rendered personally by any person, who is a connected person, in relation to the entity? (For example a shareholder, member or their direct family)		
3.	Do you employ four or more employees on a full time basis throughout the year, excluding connected parties? If so, are these employees engaged in rendering the service to Merseta? (For example secretarial employees would NOT be so engaged)		
4.	Would you be regarded as an employee of Merseta if the service was rendered by the person directly to Merseta, other than on behalf of the contractor?		
5.	Do you, the Company, Close Corporation or Trust receive any form of training supplied or paid for by Merseta? If "yes", please specify the nature and extent of the training:		
6.	Are you, the Company Close Corporation or Trust free to choose which tools or equipment, or staff, or raw materials, or routines, patents and technology to use in performing your main duties?		
7.	In order to perform your main duties, do you, or does such a person, Company, Close Corporation or Trust, use any tools or equipment supplied or paid for by Merseta? If "yes", please state the nature thereof:		
8.	Are you subject to the control or supervision of Merseta, as to the manner in which, or hours during which, the duties are performed or are to be performed in rendering the service?		
9.	Will the amounts paid or payable in respect of the service consist of, or include, earnings of any description, which are payable at regular daily, weekly, monthly, or other intervals?		
10.	Will more than 80% of your income, during the year of assessment, from services rendered, consist of or be likely to consist of amounts received directly or indirectly from any one client , or any associated institution, in relation to the client?		
11.	Does your contract contain any elements of an employment contract? [i.e. Job titles,		

Document Title	Vendor Application Form		
Document Number	FIN-FM-009	Revision Date	01 April 2020
Page Number	Page 3 of 6	*Next Revision Date	01 April 2025
Revision Number	Rev 08	Access	Controlled

Question		Yes	No
	reporting structure in organisation, fixed working hours, employment benefits, performance bonuses (excluding bonus and penalties for early or late delivery)]		
12.	Does your contract contain any clause that will enable you to receive payment, even if no work was done?		
13.	Have you ever been classified as a Labour Broker or personal services company (including Close Corporation and Trust) by SARS or any other client?		
14.	If the answer to question 13 was "yes", did anything change that no longer classifies you as a labour broker or personal services company? If "yes", elaborate:		

PART 3: OWNERSHIP

1. Please tick the appropriate block:

- Turnover

Less than or equal to R 25m	
Greater than R 25m	

2. Please indicate the existence and extent of any Internal Black Empowerment Programmes.
Details of such programmes may be annexed.

3. Please complete each of the following tables by stating the number of people in each category:

- Ownership / Control

	African	Asian	Coloured	White
Male				
Female				
TOTAL				
Disabled				

- Management

	African	Asian	Coloured	White
Male				
Female				
TOTAL				
Disabled				

- Total staff profile

	African	Asian	Coloured	White
Male				
Female				
TOTAL				
Disabled				

- Skilled personnel

Document Title	Vendor Application Form		
Document Number	FIN-FM-009	Revision Date	01 April 2020
Page Number	Page 4 of 6	*Next Revision Date	01 April 2025
Revision Number	Rev 08	Access	Controlled

	African	Asian	Coloured	White
Male				
Female				
TOTAL				
Disabled				

Previous name(s) of business (if applicable) _____

List of directors / owners / partners: Attach your own list if the space provided is inadequate

1. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

2. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

3. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

4. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

Are any of your directors/owners employed by merSETA? Please mention also whether your directors / owners / partners are ex-merSETA staff. Close relatives of your directors / owners with merSETA staff to be declared as well.

PART 4: SUPPLIER PROFILE

List all your products / services your business can supply to merSETA.

Attach separate list if space provided is not enough

Document Title	Vendor Application Form		
Document Number	FIN-FM-009	Revision Date	01 April 2020
Page Number	Page 5 of 6	*Next Revision Date	01 April 2025
Revision Number	Rev 08	Access	Controlled

Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

Does your business operate a Quality Management System covering the product/service applying for? (y/n) _____ Please elaborate:

PART 5:REQUIRED DOCUMENTS

merSETA reserves the right to verify and /or follow-up on any of the claims made or references in this application form. Based on Treasury regulations merSETA will check any claims made in this submission.

This original signed vendor form must be accompanied with certified copies of the following documents below and must be included in your application:

- ✓ Copy of Company Registration Documents (Issued by the Registrar of Companies & Close Corporation)
- ✓ Attach an original cancelled cheque alternatively an original bank statement
- ✓ Current valid TAX clearance certificate
- ✓ Any other registration certificate pertaining to your relevant industry, e.g. ECB (Electrical Contractors Board)
- ✓ Company Organogram, showing your Holding and Subsidiary company(s), as well as operating divisions. Indicate ownership / shareholding that this company holds in any other company/ies.
- ✓ SBD 4
- ✓ SBD 6.1
- ✓ SBD 8
- ✓ SBD 9
- ✓ Company letter confirming bank details (must be signed)

Incomplete submissions will not be processed. This includes submission without the supporting documentation as stipulated above, in part 5:

I certify that I have the appropriate authority to furnish the above-mentioned information on behalf of my employer.

Name:	Signature:
Designation:	Date:

Document Title	Vendor Application Form		
Document Number	FIN-FM-009	Revision Date	01 April 2020
Page Number	Page 6 of 6	*Next Revision Date	01 April 2025
Revision Number	Rev 08	Access	Controlled