



Northern Cape Provincial Government

NORTHERN CAPE PROVINCIAL TREASURY

NOORD KAAP PROVINSIALE TESOURIER

LEFAPHA LA MATLOTLO LA KAPA BOKONE

ISEBE LEZEMALI LOMNTLA KOLONI

Metlife Towers Building
Private Bag X5054
KIMBERLEY
8300

Metlife Towers Building
Private Bag X5054
KIMBERLEY
8300
Tel: 053-8308338

Metlife Towers Building
Kgatsanaposo X5054
KIMBERLEY
8300

Metlife Towers Building
Privaatsak X5054
KIMBERLEY
8300
Fax:

Enquiries:
Dipatlisiso: N. Lethuli
Imibuzo:
Navrae:

Date:
Leshupelo:
Umhla:
Datum:

Reference:
Tshupelo:
Isalathiso:
Verwysinas:

PROVINCIAL TREASURY HEREBY INVITES ACCOMMODATION FACILITIES (GUEST HOUSES & HOTELS) SITUATED IN:

Pretoria, Johannesburg, Gauteng Province
Cape Town, Western Cape Province
Northern Cape Province

To apply to be assessed and accredited as preferred services providers on the Departmental Supply Chain Management Database. All Forms Should Be Completed And Duly Signed. Kindly submit the completed forms with:

- TWO ORIGINAL TAX CLEARANCE CERTIFICATES
- CERTIFIED BEE CERTIFICATE
- CERTIFIED COPY OF REGISTRATION WITH IATA/ASATA
- TWO COMPANY PROFILES
- CERTIFIED ID COPIES OF ALL SHAREHOLDERS TO:

Provincial Treasury
DSCM
Private Bag X5054
KIMBERLEY
8300

or
hand deliver to:

Metlife Towers (Post Office Building)
Corner of Knight and Stead Street
5th Floor, Room 524
KIMBERLEY
8300

PLEASE TAKE NOTE: THE CLOSING DATE IS 27 SEPTEMBER 2013 @ 11H00.

N.E. LETHULI
Manager: DSCM

MS. N.E. LETHULI
MANAGER: DEPARTMENTAL SUPPLY CHAIN MANAGEMENT

Northern Cape Provincial Government



NCPT

NORTHERN CAPE PROVINCIAL TREASURY

NOORD KAAP PROVINSIALE TESOURIER

LEFAPHA LA MATLOTLO LA KAPA BOKONE

ISEBE LEZEMALI LOMNTLA KOLONI

Metlife Towers Building
Private Bag X5054
KIMBERLEY
8300

Metlife Towers Building
Private Bag X5054
KIMBERLEY
8300
Tel:

Metlife Towers Building
Kgetsanaposo X5054
KIMBERLEY
8300

Metlife Towers Building
Privaatsak X5054
KIMBERLEY
8300
Fax:

FACILITY CHECKLIST

Province

Name of Facility

Type of Facility

Facility grading

No of rooms available

Non-smoking Double bed rooms

En suite bathroom

TV and DSTV

Air conditioner

Study table

After Hours Service

Card Facility

Double & two point plugs with Hair dryer

Bar fridges

Beverages (water, tea & coffee)

Breakfast

Lunch

Dinner

Meals

Meal vouchers

Security

Parking

Disability Friendly

we serve with passion. We deliver on time.



House-keeping facilities

Shuttle Services

Cancellation Fee

Cancellation Policy

Additional Services

Name of bidder:

Capacity:

Signature:

Date:

REGISTRATION ON PROVINCIAL DATABASE AND FREE COURSE IN BID PROCEDURE

In compliance with the provisions of the Preferential Procurement Policy Framework Act No. 5 of 2000 - 1 - and relevant regulations as well as the supply Chain Management system, the Office of the Provincial Supply Chain Management call on Companies / Firms / Enterprises to apply for listing as accredited prospective service providers on the Provincial Database of the Northern Cape.

Companies / Firms / Enterprises who have previously registered with the Office of the Provincial Tender Board are hereby requested to re-register. Once in the database, providers will be required to update their profiles on quarterly basis to remain accredited. Registration forms are available at the Office of the Provincial Supply Chain Management and are to be accompanied by the following documents:

Company Profile; Original Tax Clearance Certificate (indicate obtained from which SARS office - for clearance purposes); a certified copy of Identity Document of owner and shareholder/s

The Office of the Provincial Supply Chain Management is also offering a free course in bid and bid procedure. Contact the Office of the Provincial Supply Chain Management in order to register:

- *For a free course in bid procedure;*
- *As a supplier to our database;*

at the following address:

Street Address

Office of the Supply Chain Management
Dean Snyders House
48 Sydney Street
KIMBERLEY
8301

Box Address

The Supply Chain Manager
Private Bag X5054
KIMBERLEY
8300

Telephone Number: [053] 8314815/6/7
[053] 8314815/6/7

Mr H Knoke - Bid - Course
Ms B Jacobs - Registration to Database

Fax Number : [053] 8323816

NB: Companies who have already registered are requested to re-register again. If you are not registered on the database, the Province will not buy from you or use your services as from 1 April 2006.



NORTHERN CAPE PROVINCIAL ADMINISTRATION
PROVINCIAL SUPPLY CHAIN MANAGEMENT

QUESTIONNAIRE FOR REGISTRATION ON DATABASE OF
SUPPLIERS

NAME OF FIRM

POSTAL ADDRESS

PHYSICAL ADDRESS

TELEPHONE

FAX

E-MAIL

CONTACT PERSON

COMPANY REGISTRATION
NUMBER AND DATE

COMPANY/ENTERPRISE
INCOME TAX REF. NO.

VAT REGISTRATION NO.

NAME THE OFFICE THAT ISSUED
TAX CLEARANCE CERTIFICATE

1. LEGAL STATUS

(tick one box)

- ☐ PARTNERSHIP
- ☐ ONE PERSON BUSINESS / SOLE TRADER
- ☐ CLOSE CORPORATION
- ☐ PUBLIC COMPANY
- ☐ PRIVATE COMPANY
- ☐ SECTION 21 COMPANY
- ☐ TRUST
- ☐ PARASTATAL
- ☐ NGO
- ☐ OTHER (PLEASE SPECIFY)

2. PRINCIPAL BUSINESS ACTIVITIES

(Tick per box applicable)

- ☐ COMMUNITY SERVICES
- ☐ FINANCIAL SERVICES
- ☐ HUMAN RESOURCES MANAGEMENT
- ☐ INFORMATION TECHNOLOGY
- ☐ ORGANISATIONAL DEVELOPMENT
- ☐ LEGAL SERVICES
- ☐ CONSTRUCTION INDUSTRY
- ☐ ROAD WORKS
- ☐ TRAFFIC RELATED MANUFACTURING
- ☐ STEEL WORKS
- ☐ PLUMBING
- ☐ ELECTRICAL WORKS
- ☐ HEALTH INDUSTRY
- ☐ GENERAL MANUFACTURING
- ☐ STRATEGIC DEVELOPMENT
- ☐ ENGINEERING
- ☐ PROJECT MANAGEMENT
- ☐ TRAINING AND DEVELOPMENT
- ☐ GENERAL RETAILER
- ☐ OFFICE AUTOMATIZATION
- ☐ STATIONERY / BOOKSHOP
- ☐ WHOLESALE
- ☐ CATERING
- ☐ SECURITY SERVICES
- ☐ GARDENING / CLEANING
- ☐ OTHER TRADES
- ☐ OTHER (SPECIFY)

.....

.....

.....

.....

.....

ATTACHED A SHORT COMPANY PROFILE (2 PAGES)

LIST IN YOUR COMPANY PROFILE AT LEAST TWO COMPANIES / CLIENTS PER BUSINESS
ACTIVITY THAT WOULD BE ABLE TO SERVE AS REFERENCES AS FOLLOWS:-

COMPANY NAME	BUSINESS ACTIVITY	CONTACT PERSON	TELEPHONE NUMBER	POSITION IN COMPANY

3. STREET ADDRESS OF ALL FACILITIES USED BY THE FIRM (e.g. warehouses, storage space, offices, etc)

ADDRESS

FACILITY

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

4. DO YOU SHARE ANY FACILITIES? ☐ YES ☐ NO

IF YES, WHICH FACILITIES ARE SHARED?

5. DETAIL ALL TRADE ASSOCIATIONS / PROFESSIONAL BODIES / BUSINESS ASSOCIATIONS IN WHICH YOU HAVE MEMBERSHIP

.....
.....

6. Complete the following information for each partner, proprietor, shareholder, director and officer of the firm (viz, chairman, secretary, director, etc.)

TITLE	NAME	PDI STATUS [YES/NO]	% TIME DEVOTED TO FIRM

7. LIST THE MAJOR ITEMS OF EQUIPMENT, PLANT AND VEHICLES OWNED BY THE FIRM.

ITEM	QUANTITY	PRESENT FINANCIAL LIABILITY

8. FINANCIAL DECISIONS

FINANCING DECISIONS	NAME	PDI STATUS (yes/no)	LENGTH OF SERVICE
Cheque signing			
Signing & co-signing for loans			
Acquisitioning of lines of credit			
Sureties			
Major purchases or acquisitions			
Signing contracts			

9. MANAGEMENT DECISIONS

MANAGEMENT DECISIONS	NAME	PDI STATUS (yes/no)	LENGTH OF SERVICE
Estimating			
Marketing and sales operations			
Hiring and firing of management personnel			
Hiring and firing of non-management personnel			
Supervision of office personnel			
Supervision of field/production activities			

10. LIST THE FOLLOWING PERSONNEL OR FIRMS WHO PROVIDE THE FOLLOWING SERVICES:

SERVICE	NAME	CONTACT PERSON	TELEPHONE
ACCOUNTING			
LEGAL			
AUDITING			
BANKING			
INSURANCE			

11. LIST ALL PARTNERS, PROPRIETORS AND SHAREHOLDERS BY NAME, ID NUMBER, CITIZENSHIP, PDI STATUS AND OWNERSHIP, AS RELEVANT

NAME	ID NUMBER	CITIZENSHIP	MALE / FEMALE	PDI STATUS (YES/NO)	DATE OF OWNERSHIP	% OWNER-SHIP	VOTING POWER %

12. NAMES OF EXECUTIVE MANAGEMENT TEAM

SURNAME	INITIAL	MALE / FEMALE	POSITION	PDI STATUS	YEARS IN SERVICE	CITIZENSHIP	ACTIVE IN DAILY RUNNING

13. INTEREST OF SHAREHOLDERS IN OTHER FIRMS

SURNAME	INITIAL	NAME OF OTHER FIRM	TYPE OF BUSINESS	NATURE OF INTEREST	% OWNERSHIP

14. EMPLOYMENT PROFILE / EQUITY AND SKILLS DEVELOPMENT

NUMBER OF EMPLOYEES	PROFESSIONAL		TECHNICAL		ADMIN		GENERAL WORKERS	
	PDI	NON-PDI	PDI	NON-PDI	PDI	NON-PDI	PDI	NON-PDI
FULL-TIME								
PART-TIME								
FEMALE								
MALE								
DISABLED								

- ❖ Is your firm subjected to the Employment Equity Act in terms of the number of employees and turnover Yes ☐ No ☐
- ❖ If yes, please append a summary of your employment equity plan.
- ❖ Percentage of payroll currently being spend on training and development%
- ❖ Append a summary of training and development programmes being undertaken by your firm in the last 3-years.

15. FIRMS WITH WHICH YOU HAVE CONDUCTED JOINT VENTURE PROJECTS (ALSO CONSULTING PROJECTS) OR WITH WHICH YOU HAVE A CLOSE ASSOCIATION

	FIRM 1	FIRM 2	FIRM 3
NAME OF FIRM			
PARTNER-BASED			
LOCAL / INTERNATIONAL			
NAME OF PROJECT			
LOCATION OF PROJECT			
PARTNER SPECIALISATION			
% OF WORK TO PARTNER			

16. ANNUAL TURNOVER OF OWN WORK

- ☐ UP TO R300 000
- ☐ UP TO R1 MILLION
- ☐ BETWEEN R1 MILLION AND R5 MILLION
- ☐ BETWEEN R5 MILLION AND R15 MILLION
- ☐ ABOVE R15 MILLION

17. EXPERIENCE AND COMPETENCY**PROJECTS UNDERTAKEN DURING THE LAST 3-YEARS**

DESCRIPTION	CLIENT	START	FINISH	VALUE

18. FINANCIAL INSTITUTION DETAILS

NAME OF BANK :

BRANCH :

BRANCH CODE :

NAME OF ACCOUNT HOLDER :

ACCOUNT NUMBER :

ACCOUNT TYPE :

19. Is any of your Partners / Shareholders / Proprietors employed by either National, Provincial or Local Government? Yes ☐ No ☐

DECLARATION

The firm agrees to abide by any reasonable and acceptable code of conduct published by the Northern Cape Provincial Administration (NCPA). All the information supplied in this application is true and correct. The firm will, without protest, submit to all reasonable & acceptable procedures instituted by the NCPA. The firm will, if requested to do so, supply further information and documentary evidence for scrutiny. The firm will update the registration particulars whenever a significant change in details occurs and, in any event, at intervals of two years. The undersigned, who warrants that he/she is duly authorised to do so on behalf of the firm, confirms that the contents of this Affidavit are within their personal knowledge and, save where otherwise stated, to the best of their knowledge, both true and correct.

Signed: duly authorised to sign on behalf of

signed at:on this the day of (month) (year) by the Deponent, who has acknowledged that he/she knows and understands the contents of this affidavit, that it is true and correct to the best of his/her knowledge

and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths:

Declaration of PDI professional service provider status

The undersigned, who warrants that he/she is duly authorised to do so on behalf of the firm, confirms that the firm complies with the requirements for registration as a PDI professional service provider, and the contents of this Affidavit are within their personal knowledge and, save where otherwise stated, to the best of their knowledge, both true and correct.

Signed: duly authorised to sign on behalf of

signed at: on this the day of (month) (year) by the Deponent, who has acknowledged that he/she knows and understands the contents of this affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths:

PLEASE FORWARD COMPLETED FORM; ATTACHING THE FOLLOWING DOCUMENTS: COMPANY PROFILE, COMPANY REGISTRATION CERTIFICATE, TAX CERTIFICATE AND COPY OF I.D. TO;

THE HEAD: PROCUREMENT
PRIVATE BAG X5054
KIMBERLEY
8300

OR

Dean Snyders House
48 Sydney Street
KIMBERLEY
8301

ATTENTION: Brenda Jacobs
TEL: (053) 8314815/6/7
E-mail: bjacobs@ncpg.gov.za

FAX: (053) 8323816



Northern Cape Provincial Treasury

REF NO: _____

LSA-C1



SUB-DIRECTORATE: LOGIS SUPPORT AND ADMINISTRATION

CREDIT ORDER INSTRUCTION FORM**PART 1. DEPARTMENTAL INFORMATION****Department:** Northern Cape Provincial Treasury**Department Signature:** _____**Name in print:** _____**Tel: No:** _____**Date:** _____**PART 2. ENTITY DETAILS** (please print clearly)**Company's full trading name** (must be same as account name):

Eg. ABC Business

Year**Number****Type****Business Registration Number or SMME Number****VAT Number:****Identity/Passport/Persal Number****Business Address:** (Physical Address)**Number & Street:** _____**Suburb:** _____**City:** _____**Code:** _____**Payment/Postal Address:****P.O Box/Str.** _____**Suburb:** _____**City:** _____**Code:** _____**Telephone & Area Code:** () _____**Fax Number & Area Code:** () _____**Cellular phone Number:** _____**E-Mail Address:** _____**Beneficiary Details:****1. No. Type:** _____**Number:** _____**Name:** _____**2. No. Type:** _____**Number:** _____**Name:** _____

Cession documents attached (if applicable)

☐

YES

☐

NO

REF NO: _____

Supplier Status:

BEE
SMME
HDI

☐ YES
☐ YES
☐ YES

☐ NO
☐ NO
☐ NO

LSA-C2

PART 3: INFORMATION

1. I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
1. I/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund Service", and I/we also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements.)
3. I/We also understand that a payment advice will be supplied by the Northern Cape Provincial Government in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving thirty day's notice by pre-paid/registered post.
5. I/We will not hold the Northern Cape Provincial Government liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.

Initials and Surname

Signature (Entity/CFO)

Date

DETAILS OF BANK ACCOUNT:

Name of Bank	
Name of Branch	
Branch Code	
Account Name	
Account Number	
Account Type*	<input type="checkbox"/> If Cheque Account, attach a blank, cancelled cheque

* Please enter numeric value:

1= Cheque Account
4= Bond Account

2= Savings Account
5= (Not in use)

3= Transmission Account
6= Subscription Account

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

Name:		Bank
ID Number:		Official's
Signature:		Detail
Account no:		Entity's
Branch Code:		Detail
Type of account:	<input type="checkbox"/>	

DATE STAMP OF BANK

Please select applicable block:

☐ NEW ENTITY
☐ UPDATE ENTITY
☐ DELETE ENTITY

NUMBER TYPE:

☐ Department No. ☐ Passport No.
☐ ID No. ☐ Supplier/Vat No.
☐ Persal No. ☐ Other (Specify)
☐ FMS Debt ☐ Logis Supplier

ENTITY TYPE:

☐ Employee ☐ Department
☐ Ex Employee ☐ Logis Supplier
☐ Supplier ☐ Other (Specify)

Number:

Number:

FOR INTERNAL USE ONLY:

Bank account details verified by FNB - Provincial Banker

Northern Cape Provincial Treasury
Sub-Directorate: LOGIS Support and Administration
Room 1018 / 1017 / 1015
10th Floor
Metlife Towers Building
Kimberley
8300

Signature

Comments:

DATE STAMP OF BANK

Captured by: (USER SUPPORT) Date: Authorised by: (SYSCON) Date:



Northern Cape Provincial Government

NORTHERN CAPE PROVINCIAL TREASURY

NOORD KAAP PROVINSIALE TESOURIER

LEFAPHA LA MATLOTLO LA KAPA BOKONE

ISEBE LEZEMALI LOMNTLA KOLONI

NCP 4(1/7/2011)

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 a price quotation, advertised competitive bid, limited bid or proposal). 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):

2.4 Company Registration Number:

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.

*"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 attached 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 **YES / NO**

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?

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?

2.11.1 If so, furnish particulars:

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

[illegible]

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 IN TERMS OF
PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION
PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

Northern Cape Provincial Government



NORTHERN CAPE PROVINCIAL TREASURY

NOORD KAAP PROVINSIALE TESOURIER

LEFAPHA LA MATLOTLO LA KAPA BOKONE

ISEBE LEZEMALI LOMNTLA KOLONI

NCP 8

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1. This Standard Bidding Document must form part of all bids invited.
2. It serve 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	Is the bidder or any its directors listed on the National Treasury's database as companies or person 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 National Treasury after the <i>audi alteram partem</i> rule was applied).		
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register of Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? To access this Register enter the National Treasury's website, www.treasury.gov.za click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 326 5445		
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?		
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?		
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



Northern Cape Provincial Government

NORTHERN CAPE PROVINCIAL TREASURY

NOORD KAAP PROVINSIALE TESOURIER

LEFAPHA LA MATLOTLO LA KAPA BOKONE

ISEBE LEZEMALI LOMNTLA KOLONI

NCP 9 (7/12/11)

CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (NCP) must form part of all bids¹ invited.
- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 This NCP serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
- 5 In order to give effect to the above, the attached Certificate of Bid Determination (NCP 9) must be completed and submitted with the bid:

¹ Includes price quotations, advertised competitive bids, limited bids and proposals.

² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - (a) prices;
 - (b) geographical area where product or service will be rendered (market allocation)
 - (c) methods, factors or formulas used to calculate prices;
 - (d) the intention or decision to submit or not to submit, a bid;
 - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. 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 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

10. 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 No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder