SUPPLIER DATABASE REGISTRATION

FORM

|  |  |
| --- | --- |
| **Attention:** | IHPS PROCUREMENT OFFICER |
| **Name of the Applicant:** |  |
| **Description:** | INVITATION FROM THE INSTITUTE OF HEALTH PROGRAMS AND SYSTEMS (IHPS) TO ALL SERVICES AND PRODUCTS SUPPLIERS TO REGISTER ON ITS DATABASE AS APPROVED VENDORS |
| **Delivery Address:** | INSTITUTE OF HEALTH PROGRAMS AND SYSTEMS  113 BOWLING AVENUE  THE BRAIDES OFFICE PARK, BUILDING A2  GALLO MANOR  SANDTON  2052 |

|  |  |  |
| --- | --- | --- |
| **DOCUMENT REQUIRED** | **CATEGORY OF SUPPLIER** | **TICK THE RELEVANT BOX INDICATING SUBMISSION OF THE REQUIRED DOCUMENTS**  **FOR OFFICIAL USE ONLY** |
| Application form completed in full and signed | All Suppliers/Service Providers |  |
| Company profile | All Suppliers/ Service Providers |  |
| Certificate of incorporation | All Suppliers/Service Providers |  |
| Certified copies of the ID documents of  directors and shareholders / partners /  members / sole proprietor | All Suppliers/Service Providers |  |
| A valid and original tax compliance pin | All suppliers/Service Providers |  |
| Bank stamped bank account confirmation  letter not older than 3 months. | All Suppliers/Service Providers |  |
| Current Central Supplier Database (CSD) report | All Suppliers/Service Providers |  |
| Valid B-BBEE Certificate | All Suppliers/Service Providers |  |
| At least two references from organisations dealt with for the category for which you are applying. | All Suppliers/Service Providers |  |

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# SECTION 1: NOTE TO THE APPLICANT

## RE: REQUEST FOR REGISTRATION AS AN APPROVED SUPPLIER ON THE SUPPLIER DATABASE OF THE INSTITUTE OF HEALTH PROGRAMS AND SYSTEMS

Prospective suppliers/service providers are herewith invited to register as approved suppliers on the official Supplier Database of the Institute of Health Programs and Systems (IHPS). To comply with the processes and procedures set out in the Procurement Policy, IHPS developed a Supplier Database to register all suppliers providing goods, works and services to the organization.

The purpose of the database is to give all prospective suppliers/service providers a fair and equal opportunity to submit **quotations** for goods, works and services to IHPS**.** It is envisioned that the Supplier Database will contribute to efficient administration and compliance with the Public Finance Management Act (PFMA).

Attached please find an official request for registration, to be completed in full by prospective supplier/service providers. **It is imperative that suppliers/service providers read the registration form carefully, complete all sections in full, sign and date the form.** Please note that minimum requirements required on page 2 of the application form. **Failure to submit the above documents and the incomplete registration forms will invalidate your application**

**SUPPLIER DATABASE REGISTRATION FORM**

**IMPORTANT NOTES – PLEASE READ CAREFULLY**

* To be completed by **all** vendors seeking registration on IHPS Database.
* The questionnaire must be completed in **full** and be **signed.**
* A **company profile MUST** accompany the registration form but will **not be accepted** as substitute for the application form- all fields on application form **MUST** be completed by the applicant.
* Suppliers/service providers will be informed of the outcome and will be provided with a supplier registration number.
* Supplier/service provider must comply with all the **registration-criteria** for registration to be finalised, failure to do so will result in the application being declined.
* Supplier/service provider **MUST** sign the submission register provided at reception; **all applications not listed on submission register will not be accepted.**
* You must inform the Procurement Department of IHPS of any future changes in writing.
* IHPS reserves the right to request additional information and/or physical site verification of the information supplied.
* All information supplied will be treated as confidential.

The completed application for registration **MUST** be hand delivered to:

**FOR ATTENTION: PROCUREMENT OFFICER**

**INSTITIUTE OF HEALTH PROGRAMS AND SYSTEMS**

**113 BOWLING AVENUE**

**THE BRAIDES OFFICE PARK, BUILDING A2**

**GALLO MANOR**

**SANDTON**

**2052**

# SECTION 2: SUPPLIER DETAILS

**Supplier Grouping Details – Type of Firm:** (please tick the relevant box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Public Company (Ltd) |  | 7 | Foreign Company |  |
| 2 | Private Company (Pty)Ltd |  | 8 | Partnership |  |
| 3 | Other (specify) |  | 9 | Trust |  |
| 4 | Joint Venture |  |  | | |
| 5 | Consortium |  |
| 6 | Sole Proprietor |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Company / Supplier Name:** | |  | | | | | | | | | | | | | | | | | | |
| **Trading As Name of Business:** | |  | | | | | | | | | | | | | | | | | | |
| **Company Registration Number:** | | |  |  |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| **Sole Proprietor/Partnership/Trust ID Number:** | | |  |  |  |  |  |  | |  |  |  | |  |  |  |  | |  |
| **VAT registration number (if applicable):** | | | | | |  |  |  | |  |  |  | |  |  |  |  | |  |
| **Income tax reference number:** | | | | | |  |  |  | |  |  |  | |  |  |  |  | |  |
| **Tax Clearance Certificate number:** | | |  | | | | | | | | | | | | | | | | | |
| **Web Address:** | | |  | | | | | | | | | | | | | | | | | |
| **E- Mail Address:** |  | | | | | | | | | | | | | | | | | | | |
| **Telephone Number:** |  | |  |  |  |  |  | |  | |  | |  | |  |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Postal Address: (compulsory)** | | | | | **Physical Address: (Compulsory)** | | | | |
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|  | | | | |  | | | | |
| **Postal code** |  |  |  |  | **Postal code** |  |  |  |  |

**Tax Clearance Certificate:** (please tick the relevant box) Attached Not attached

|  |  |  |
| --- | --- | --- |
| **Tax Compliance Pin (please attach to application)** |  |  |
| **Tax Compliance Pin Expiry Date** |  | |

**Main contact person in your company:**

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Cell phone number |  |
| E-mail address |  |

**List all partners, proprietorship, and shareholders (Compulsory)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initials and Surname | Position occupied in the company | Citizenship | ID number | Physical address |
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**Note**: Where owners are themselves a company or partnership, owners of the holding firm must be identified.

# SECTION 3: BUSINESS BANKING DETAILS

Name of Account Holder Bank Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Cheque | | | | | | | Savings | | | | | | | | Transmission | | | | | | |

Branch Name Branch Code Account Number Account Type

For accuracy and authenticity please attach a stamped letter from the bank confirming the banking details or request a bank to verify banking details and provide a stamp on this page.

**Authorisation of electronic transfer of Funds (EFT) to supplier’s bank account**

I, the undersigned, hereby authorise **IHPS** to credit my business account via Electronic Fund Transfer as with the amount payable / due to specified beneficiary for goods and services rendered.

Signature

Name

Capacity

Date

**For Completion by your Bank**

Bank Stamp

I certify that I am duly authorised by (Bank Name) to give such information and that such information is correct.

Signature

Name of Authorised Official

Date

# SECTION 4: BROAD BASED BLACK ECONOMIC EMPOWERMENT (BBBEE) COMPLIANCE

Please attach the B-BBEE certificate issued by Verification Agency accredited by SANAS.

The following preference point systems are applicable to all bids:

1. The 80/20 system for acquisition of goods or services with a Rand value equal to or below R50 million (all applicable taxes included); and
2. The 90/10 system for acquisition of goods or services with a Rand value above R50 million (all applicable taxes included).

For all transactions above R2000 but below R1 million inclusive of all applicable taxes the 80/20 system shall be allocated in the following manner:

Historically Disadvantaged Individuals:

1. Who had no franchise in national elections before the 1983 and 1993 Constitution (10)
2. Who is a female (8)
3. Who has a disability (2)

For all transactions above R1 million but below R50 million inclusive of all applicable taxes the 80/20 system shall be allocated in the following manner:

Historically Disadvantaged Individuals:

1. Who had no franchise in national elections before the 1983 and 1993 Constitution (8)
2. Who is a female (6)
3. Who has a disability (2)

Reconstruction and Development Program goal to be promoted:

1. The promotion of SMMEs (2)
2. Other (2)

For all transactions above R50 million inclusive of all applicable taxes the 90/10 system shall be allocated in the following manner:

Historically Disadvantaged Individuals:

1. Who had no franchise in national elections before the 1983 and 1993 Constitution (4)
2. Who is a female (2)
3. Who has a disability (2)

# SECTION 5: PRODUCTS AND SERVICES

**IHPS** will only register a **maximum of three (3) commodities and services** per application (*Note that IHPS will not consider any extra additional commodities/ services but ONLY be limited to three*).

|  |  |  |  |
| --- | --- | --- | --- |
| **LIST OF COMMODITIES (PRODUCTS AND SERVICES)** *Tick a maximum of three (3)* | | | |
| **TICK**  **BOX** | **PRODUCT & SERVICE DESCRIPTION** | **TICK**  **BOX** | **PRODUCT & SERVICE DESCRIPTION** |
|  | INSURANCE BROKING SERVICES |  | PUBLIC RELATIONS, COMMUNICATIONS AND EDITING SERVICES |
|  | AUDITORS AND ACCOUNTING SERVICES |  | CAR HIRE/TRANSPORTATION SERVICES |
|  | BANK PROVIDERS AND INSURANCE |  | OFFICE CLEANING SERVICES |
|  | BOOKS PROVIDERS |  | BULK PRINTING SERVICES |
|  | BUILDING MAINTENANCE & RENOVATIONS |  | SOUND SYSTEM HIRE |
|  | CATERING SERVICES |  |  |
|  | CCTV INSTALLATION AND REPAIRS |  |  |
|  | CLEANING SERVICES |  |  |
|  | COMPUTER CONSUMABLES |  |  |
|  | STATIONERY |  |  |
|  | IT HARDWARE AND SOFTWARE |  |  |
|  | IT WEBSITE DESIGN, DEVELOPMENT AND MAINTENANCE |  |  |
|  | TRAVEL AGENCY SERVICES |  |  |
|  | CONFERENCE AND EVENT MANAGEMENT PLANNING SERVICES |  |  |
|  | WATER DISPENSERS AND REFILLS |  |  |
|  | OFFICE FURNITURE |  |  |
|  | MEDICAL EQUIPMENT AND CONSUMABLES |  |  |
|  | CORPORATE SIGNAGE INDOOR / OUTDOOR |  |  |
|  | CORPORATE GIFTS |  |  |
|  | COURIER SERVICES |  |  |
|  | LOCKSMITH SERVICES |  |  |
|  | PHOTOCOPIERS, SCANNERS AND PRINTERS |  |  |
|  | SECURITY, ACCESS CONTROL AND ALARM SERVICES |  |  |
|  | MEDICAL AID SERVICES |  |  |
| IF THE PRODUCTS & SERVICES THAT YOUR ORGANISATION IS OFFERING IS NOT LISTED ABOVE, PLEASE LIST YOUR CATEGORIES BELOW.  PLEASE LIST UP TO THE MINIMUM OF 3 COMMODITIES INCLUDING THE ONES TICKED ABOVE. | | | |
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# SECTION 6: DECLARATION OF INTERESTS (SBD 4)

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 declaring acts and persons who are involved with the evaluation and or adjudication of the bid.

1. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**
   1. Full Name of bidder or his or her representative: ………………………………………………………….
   2. Identity Number: …………………………………………………………………………………………………
   3. Position occupied in the Company (director, trustee, shareholder²): ……………………………………..
   4. Company Registration Number: ………………………………………………………………………..…….
   5. Tax Reference Number: ………………………………………………………………………………….………
   6. VAT Registration Number: ………………………………………………………………………………....
      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 –**

* + - 1. **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);**
      2. **any municipality or municipal entity;**
      3. **provincial legislature;**
      4. **national Assembly or the national Council of provinces; or**
      5. **Parliament.**

**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.**

* 1. Are you or any person connected with the bidder **YES / NO**

presently employed by the state?

* + 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 | **YES / NO** |
|  | work outside employment in the public sector? |  |
| 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 | **YES / NO** |
|  | business with the state in the previous twelve months? |  |

* + 1. If so, furnish particulars:

…………………………………………………………………..

…………………………………………………………………..

* 1. Do you, or any person connected with the bidder, have **YES / NO**

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?

* + 1. If so, furnish particulars.

……………………………………………………………...

…………………………………………………………..….

* 1. Are you, or any person connected with the bidder, **YES/NO**

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?

* + 1. If so, furnish particulars**.**

………………………………………………………………

………………………………………………………………

* 1. Do you or any of the directors / trustees / shareholders / members **YES/NO**

of the company have any interest in any other related companies whether or not they are bidding for this contract?

* + 1. If so, furnish particulars:

…………………………………………………………………………….

…………………………………………………………………………….

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Identity Number** | **Personal Tax Reference Number** | **State Employee Number / Persal Number** |
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## 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

# SECTION 7: DECLARATION OF BIDDER’S PAST SUPPLY CHAIN MANAGEMENT PRACTICES (SBD 8)

**1 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 rejected if that bidder, or any of its directors have:
   1. abused the institution’s supply chain management system or committed any improper conduct in relation to such system;
   2. been convicted for fraud or corruption during the past five years;
   3. willfully neglected, reneged on, or failed to comply with any government, municipal or other public sector contract during the past five years; or
   4. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
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 of its directors listed on the National Treasury’s database 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 National Treasury after the *audi alteram partem* rule was applied).  **The Database of Restricted Suppliers now resides on the National Treasury’s website(**[**www.treasury.gov.za**](http://www.treasury.gov.za)**) and can be accessed by clicking on its link at the bottom of the home page.** | Yes | No |
| 4.1.1 | If so, furnish particulars: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 4.2 | 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)?  **To access this Register, enter the National Treasury’s website,** [**www.treasury.gov.za,**](http://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) 3265445.** | Yes | No |
| 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 | No |
| 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 | No |
| 4.4.1 | If so, furnish particulars: | | |

**CERTIFICATION**

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

**CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM 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**

# SECTION 8: CERTIFICATE OF INDEPENDENT BID DETERMINATION (SBD 9)

1 This Standard Bidding Document (SBD) 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.

1. This SBD 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.
2. In order to give effect to the above, the attached Certificate of Bid Determination (SBD 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, which 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.**

**SBD 9**

**CERTIFICATE OF INDEPENDENT BID DETERMINATION**

I, the undersigned, in submitting the accompanying bid:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Bid Number and Description)

in response to the invitation for the bid made by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word “competitor” shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:

(a) has been requested to submit a bid in response to this bid invitation;

(b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities, or experience; and

(c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

1. 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.
2. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement, or arrangement with any competitor regarding:
3. prices;
4. 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.

1. 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.
2. 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. 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.

**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.**

………………………………………………… …………………………………

Signature Date

…………………………………………………. …………………………………

Position Name of Bidder