**SBD1**

**INVITATION OF THE BID**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE INSTITUTE OF HEALTH PROGRAMS AND SYSTEMS** | | | | | | | | | | | | | | |
| BID NUMBER: | IHPS-008-2025 | | CLOSING DATE: | | | 19 SEPTEMBER 2025 | | | | CLOSING TIME: | | | | 12H00 |
| DESCRIPTION | LEASING OF OFFICE PREMISES: NORTHERN CAPE PROVINCE – KIMBERLY, LABRAM AREA | | | | | | | | | | | | | |
| **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO SIGN A WRITTEN CONTRACT** | | | | | | | | | | | | | | |
| Bids must be emailed to: [requisitions@ihps-sa.org](mailto:requisitions@ihps-sa.org) | | | | | | | | | | | | | | |
| **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 | |  | | | | | | | | | | | | |
|  | | TCS PIN: | | |  | | | **OR** | CSD No: | |  | | | |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE  [TICK APPLICABLE BOX] | | Yes  No | | | | | | B-BBEE STATUS LEVEL SWORN AFFIDAVIT | | | Yes    No | | | |
| IF YES, WHO WAS THE CERTIFICATE ISSUED BY? | |  | | | | | | | | | | | | |
| AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX | |  | | AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) | | | | | | | | | | |
|  | | A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS) | | | | | | | | | | |
|  | | A REGISTERED AUDITOR | | | | | | | | | | |
| NAME: | | | | | | | | | | |
| ***[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]*** | | | | | | | | | | | | | | |
| ARE YOU THE ACCREDITED REPRESENTATIVE **IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?** | | Yes No  [IF YES ENCLOSE PROOF] | | | | | | ARE YOU A FOREIGN BASED SUPPLIER FOR **THE GOODS /SERVICES /WORKS OFFERED?** | | | | | Yes No  [IF YES ANSWER PART B:3 BELOW] | |
| **SIGNATURE OF BIDDER** | | ……………………………… | | | | | | **DATE** | | | | |  | |
| **CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.)** | |  | | | | | | | | | | | | |
| **TOTAL NUMBER OF ITEMS OFFERED** | |  | | | | | | **TOTAL BID PRICE (ALL INCLUSIVE)** | | | | |  | |
| **BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:** | | | | | | | **TECHNICAL INFORMATION MAY BE DIRECTED TO:** | | | | | | | |
| DEPARTMENT/ PUBLIC ENTITY | |  | | | | | CONTACT PERSON | | | | |  | | |
| CONTACT PERSON | |  | | | | | TELEPHONE NUMBER | | | | |  | | |
| TELEPHONE NUMBER | |  | | | | | FACSIMILE NUMBER | | | | |  | | |
| FACSIMILE NUMBER | |  | | | | | E-MAIL ADDRESS | | | | |  | | |
| E-MAIL ADDRESS | |  | | | | |  | | | | | | | |

**SBD 1**

**PART B**

**TERMS AND CONDITIONS FOR BIDDING**

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| 1. **BID SUBMISSION** |
| * 1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.   2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED – (NOT TO BE RE-TYPED) OR ONLINE**   3. **BIDDERS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (CSD) TO UPLOAD MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS; AND BANKING INFORMATION FOR VERIFICATION PURPOSES). B-BBEE CERTIFICATE OR SWORN AFFIDAVIT FOR B-BBEE MUST BE SUBMITTED TO BIDDING INSTITUTION.**   4. **WHERE A BIDDER IS NOT REGISTERED ON THE CSD, MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS MAY NOT BE SUBMITTED WITH THE BID DOCUMENTATION. B-BBEE CERTIFICATE OR SWORN AFFIDAVIT FOR B-BBEE MUST BE SUBMITTED TO BIDDING INSTITUTION.**   5. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER LEGISLATION OR SPECIAL CONDITIONS OF CONTRACT. |
| 1. **TAX COMPLIANCE REQUIREMENTS** |
| 1. BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS. 2. BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER’S PROFILE AND TAX STATUS. 3. APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE [WWW.SARS.GOV.ZA](http://www.sars.gov.za). 4. BIDDERS MAY ALSO SUBMIT A PRINTED TCS TOGETHER WITH THE BID. 5. IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED; EACH PARTY MUST SUBMIT A SEPARATE PROOF OF TCS / PIN / CSD NUMBER. 6. WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED. |
| 1. **QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS** |
| * 1. IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?  YES  NO   2. DOES THE BIDDER HAVE A BRANCH IN THE RSA?  YES  NO   3. DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE RSA?  YES  NO   4. DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RSA?  YES  NO   **IF THE ANSWER IS “NO” TO ALL OF THE ABOVE, THEN, THE BIDDER IS NOT ELIGIBLE TO SUBMIT A PROPOSAL.** |

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID**.