## **INVITATION TO BID**

| YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF MUNICIPALITY/ENTITY)   |
|---|
| BID NUMBER: RFQ 131/04/2012 CLOSING DATE:19 April 2012 CLOSING TIME: 16H00  |
| DESCRIPTION TRAINING AND CAPACITY BUILDING OF WOMEN IN LEJWELEPTSWA DISTRICT MUNICIPALITY   |
| The successful bidder will be required to fill in and sign a written Contract Form (MBD 7).   |
| BID DOCUMENTS MUST BE SUBMITTED ON THE LETTERHEAD OF YOUR BUSINESS AND MAY ONLY BE HAND DELIVERED:  |
| Me. Khali Njobe LEJWELEPUTSWA DISTRICT MUNICIPALITY CNR JAN HOFMEYER & TEMPEST ROAD WELKOM  |
| Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not b accepted for consideration.   |
| ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)   |
| THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, I APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT |
| NB: NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE (as defined in Regulatio 1 of the Local Government: Municipal Supply Chain Management Regulations)  |
|   |
|   |
|   |
| THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR BID BEING DISQUALIFIED)  |
| NAME OF BIDDER  |
| POSTAL ADDRESS  |

STREET ADDRESS

| TELEPHONE NUME<br>COD  | BER<br>DENUMBEI                     | R                               |                   |                  |                |               |  |
|--|-------------------------------------|---------------------------------|-------------------|------------------|----------------|---------------|--|
| CELLPHONE NUME   | BER                                 |                                 |                   |                  |                |               |  |
| FACSIMILE NUMBE  |                                     | CODE                            |                   |                  |                |               |  |
| E-MAIL ADDRESS   |                                     |                                 |                   |                  |                |               |  |
| VAT REGISTRATIO  | N NUMBER                            |                                 |                   |                  |                |               |  |
|  |                                     | EARANCE CERTIFICATE B           | EEN ATTACHED? (M  | 1BD 2)           |                | YES/NO        |  |
| HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (MBD 6.1)   |                                     |                                 |                   |                  |                |               |  |
| IF YES, WHO WAS  | THE CERTIFICATE IS                  | SSUED BY?                       |                   |                  |                |               |  |
| AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) A VERIFICATION AGENCY ACCREDITED BY THE SOUITH AFRICAN NATIONAL ACCREDITATION SYSTEM (SANAS) A REGISTERED AUDITOR (Tick applicable box)   |                                     |                                 |                   |                  |                |               |  |
| (A B-BBEE STATUS<br>B-BBEE)  | S LEVEL VERIFICAT                   | ION CERTIFICATE MUST            | BE SUBMITTED IN O | RDER TO QUALIFY  | FOR PREFERENCE | CE POINTS FOR |  |
|  | REDITED REPRESE<br>FOR THE GOODS/SI | NTATIVE<br>ERVICES/WORKS OFFERI | ED?               |                  |                | ES/NO         |  |
|  |                                     |                                 |                   | (IF              | YES ENCLOSE PI | ROOF)         |  |
| SIGNATURE  |                                     | Of                              |                   |                  |                | BIDDER        |  |
| DATE   |                                     |                                 |                   |                  |                |               |  |
|  |                                     |                                 |                   |                  |                |               |  |
| CAPACITY   | UNDER                               | WHICH                           | THIS              | BID              | IS             | SIGNED        |  |
| TOTAL BID PRICE  |                                     | TOTAL                           | . NUMBER OF ITEMS | GOFFERED         |                |               |  |
| Municipality / Muni  |                                     | IRIES REGARDING THE B           |                   | E MAY BE DIRECTE | ED TO:         |               |  |
| Description of the control of the co | b. Obsid Manage                     | , patowa District Muriicipant   | 1                 |                  |                |               |  |

**Department**: Supply Chain Management

Contact Person: Me. Khali Njobe

**Tel:** 057 3918900

## ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

Contact Person: Mr. Mlungisi Martins

**Tel:** 057 3918912