

UNIVEN CAMPUS WATER UPGRADE PHASE 2 (INCLUDING INSTALATION OF TANKS PER STUDENT RESIDENCE)

TENDER NO: IN/022/2023

T2.2: RETURNABLE SCHEDULES TO BE COMPLETED BY TENDERER

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Tick sheet of returnable schedules: Mandatory

| | Tick |
|---|----------|
| Record of Addenda to Tender Documents (If Applicable) | |
| Certificate of Attendance of Compulsory Briefing (To be provided and kept by the University) | |
| Compulsory Supplier Questionnaire - Contractors | |
| Certificate of Authority for Signature (Board Resolution letter or Proxy letter) | 1 |
| Certified Qualifications, ID Copies and CVs of Key Personnel (Contracts Manager, Site Agent, General | |
| Foreman and Health and Safety Officer) | |
| Proposed Amendments and Qualifications (Where Applicable) | |
| Signed Joint Venture Agreement where applicable | - |
| Copy of proof of registration with the Construction Industry Development Board (CIDB) | |
| Identity documents of Owners / Directors / Members / Shareholders (Certified Copies not older than three (3) | |
| months | |
| Certified copy of contractor Registration for Incorporation or of Company Registration Document | |
| Closed Corporations to attach an Association Agreement Shareholders' Agreements / Share Certificates / | |
| Memorandum of Association for companies | |
| Audited Annual Financial Statements not older than three years If the company is required by law | |
| to be audited or independently reviewed If law to be audited, please provide us with a letter from a | |
| registered accountant stating that you are not required to be audited and the reasons thereof do | |
| not require the company. | |
| Bank rating letter signed by the bank | - |
| Valid Tax Pin issued by the South African Revenue Services | 1 |
| Copy of COIDA (Compensation for Occupational Injuries and Diseases) registration certificate, e.g., Letter of | <u> </u> |
| Good Standing | |
| SBD 6.1 (Preference claim in terms of the Preferential Procurement Regulations, 2017) must be Signed | |
| regardless of if points are claimed or not. Make sure it is signed and thoroughly completed | |
| Contractor's professional registered Health and Safety Declaration | |
| Receipt as Proof of Valid Certificate for Purchasing the Tender Document | 1 |
| Signed declaration of interest (Conflict of Interest) | + |
| Initial all pages of tender document where necessary. | + |
| Complete and sign all relevant pages | + |
| | |



A. RECORD OF ADDENDA TO TENDER DOCUMENTS

I / We confirm that the following communications received from the Employer or his representative before the date of submission of this Tender offer, amending the Tender documents, have been taken into account in this Tender offer.

| No | Date | Title or Details |
|----|------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

* Attach additional pages if more space is required.

SIGNATURE: IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)

DATE:....



B. CERTIFICATE OF ATTENDANCE AT A TENDER SITE MEETING

| ٥٥ | f | (Tenderer); Hereby | | | |
|--|---|--------------------|--|--|--|
| confirm that we will be attending the briefing Sessi | ion scheduled as per the Closed invitation re | ceived by our | | | |
| Company referenced Tender Number IN/022/202 | 0: Re-advert. | | | | |
| I / We acknowledge that the purpose of the meeting will be to acquaint myself / ourselves with the site works and / or matters incidental to doing the work specified in the Tender documents in order for me / us to take account of everything necessary when compiling our rates and prices included in the Tender. | | | | | |
| Particulars of Nominated person(s) who will be | e attending the meeting: | | | | |
| Name: | Signature: | | | | |
| Capacity: | | | | | |
| Name: | Signature: | | | | |
| I further confirm that should my/Our Company name be called during the roll call time and none of My/Our representative indicate his/her availability, it will then be regarded that the Company failed to attend to the Compulsory briefing cession. | | | | | |
| Signature by Company Authorised Rep: | Date | | | | |
| By signing below, attendance of the above person(s)/Company at the meeting is confirmed by the Employer's representative, namely: | | | | | |
| Name: | Signature: | | | | |

Capacity: Date and Time:



All supplier information will be treated strictly confidential.

<u>NOTE:</u>

- a) The information required is mandatory.
- b) University of Venda reserves the right to conduct audits and investigations on any applicant or information supplied in this questionnaire.

BLACK ENTERPRISES

The following is a guide on how University of Venda defines Black Enterprise Companies:

Definition:

'Black' means <u>South African citizens</u> who are Black, Indian or Coloured persons and EXCLUDES individuals belonging to such communities from any other country.

Black Women-owned Enterprises (BWO):

- At least 50% of the voting shares or interests are held and controlled by Black Women, and
- Black Women have contributed at least 50% of the required capital, and
- Black Women in the enterprise have not been given voting shares or interest just to capture or retain contracts, and
- Black Women participate in the day-to-day management and decision making of the enterprise. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprise including knowledge of the product and market within which their enterprise operates.
- In a joint venture, skill must be transferable to the Black Women entrepreneur, which means that the Black Women entrepreneur must have the required educational level and/or aptitude.



SECTION A

A1. BUSINESS INFORMATION

| Title (Prof. / Dr / Mr. / Mrs. / Ms/) and Surname: | | | | | | |
|---|--|--|--|--|--|--|
| 'Trading as' name of business: (Contracts/order will be placed on this name and invoices must reflect it) | | | | | | |
| Previous name of the business (if applicable) | | | | | | |
| Physical address of business: Building / complex name: | | | | | | |
| Street name and number: | | | | | | |
| Suburb: City: | | | | | | |
| Code: Country: | | | | | | |
| Postal address of business : (This is the address to which an Invitation to render services and orders/contracts must be sent to) | | | | | | |
| P O Box / Private Bag:City/Town:Code: | | | | | | |
| Telephone numbers of business: Code: Number: | | | | | | |
| Accounts department (Tel no) Code Number: | | | | | | |
| Contact person fax number: Code: Number (Will be used by for electronic faxing of Request for Services, Contracts and Purchase Orders) | | | | | | |
| Business e-mail: | | | | | | |
| Your own business contact person/marketing representative name and telephone number: | | | | | | |
| Business registration number (if applicable) | | | | | | |
| (In case of sole proprietor, please furnish identity number plus certified copy of identity documents) | | | | | | |
| Tax number of business: (if applicable) | | | | | | |
| VAT Registration number: (if applicable) | | | | | | |
| | | | | | | |



A2. BANK INFORMATION:

| Please attach an original cancelled Cheque or an | original bank verification letter. | | | | |
|---|---|-------|--|--|--|
| Bank: | Branch code: | | | | |
| | | | | | |
| Branch Location: | | | | | |
| | | | | | |
| Account Holder: | | | | | |
| | | | | | |
| Bank Account number: | Account type: | | | | |
| | | | | | |
| All payments will be made electronically directly to your bank account. | | | | | |
| Kindly note that it will be your responsibility to info details. | rm the UNIVEN, in writing, of any changes in your ban | iking | | | |
| | | | | | |

(Kindly ensure that all the sections below are fully furnished)



SECTION B: EMPOWERMENT

1. EMPLOYMENT EQUITY

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lī

| B1. MANAGEMENT S | MANAGEMENT STRUCTURE | | | | |
|---|----------------------|--|--|--|--|
| (Percentage of management on executive level in each of the following groups) | | | | | |
| % Black % Asian % Coloured % White | | | | | |
| | | | | | |
| | | | | | |

| B2. PERCENTAGE OF TOTAL SHARES OWNED BY EACH OF THE FOLLOWING GROUPS (Attach shareholders' Certificate) | | | | | | |
|---|---|--------------------|---------------------------------|----------------|------------------|--|
| % Black | % | Asian | % | Coloured | % White | |
| % | | % | | % | % | |
| % Black Female | % Asia | an Female | % Co | oured Female | % White Female | |
| % | | % | | % | % | |
| % Black Disabled % Asian Disabled | | | % Cole | oured Disabled | % White Disabled | |
| % | % % % | | | | | |
| B3. LIST OF ALL PARTNERS, PROPRIETORS AND SHAREHOLDERS. (Attach shareholders' Certificate) B4. COMPLETE THE FOLLOWING INFORMATION FOR EACH PARTNER, PROPRIETOR, | | | | | | |
| | SHAREHOLDER, DIRECTOR AND OFFICER OF THE FIRM (e.g. Chairman, Secretary, Director, etc.) | | | | | |
| Name Race Gender I | | Disabled Yes/No | % of time devoted to firm | Home Address | | |
| | | | | | | |

WHAT IS THE FIRM'S AVERAGE ANNUAL TURNOVER (EXCLUDING VAT)?

B5.

R

IDENTIFY BY NAME, RACE, GENDER, DISABLILTY AND LENGTH OF SERVICE, THOSE B6. INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON-OWNERS) RESPONSIBLE FOR DAY-TO-DAY MANAGEMENT AND BUSINESS DECISIONS

University of Venda

| Activity | Name | Race | Gender M/F | Disabled Yes/No | Length of Service (Years) |
|--|------|------|---------------|--------------------|---------------------------------|
| Financial Decisions | | | | | |
| Cheque Signing | | | | | |
| Acquisition of Lines Credit | | | | | |
| Sureties | | | | | |
| Major Purchase or Acquisitions | | | | | |
| Signing Contracts | | | | | |
| Management Decisions Costing Marketing and Sales | | | | | |
| Operations Hiring and firing of Management Personnel | | | | | |
| Supervision of Office Personnel | | | | | |
| Supervision of Field / Production Activities | | | | | |
| | | | | | I |
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| | | | | | |
| | | | | | |

(PLEASE ATTACH THE COMPANY'S EMPLOYMENT EQUITY TARGET FOR NEXT FIVE YEARS)

| B7. TOTAL NUMBER OF EMPLOYEES? | | | | |
|--------------------------------|--|--|--|--|
| Full time | | | | |
| Part time | | | | |

B8. INDICATE COMPANY CIDB RATING:



B9. LOCALITY

Г

PLEASE INDICATE WITH (X) AREAS WHERE YOUR BUSINESS CURRENTLY OPERATES/ AREAS OF REPRESENTATION:

| Region | Description | НО | Branch | Rep | |
|--------|---------------|----|--------|-----|--|
| EC | Eastern Cape | | | | |
| FS | Free State | | | | |
| GP | Gauteng | | | | |
| KZN | KwaZulu Natal | | | | |
| L | Limpopo | | | | |
| MP | Gauteng | | | | |
| NC | Northern Cape | | | | |
| NW | North West | | | | |
| WC | Western Cape | | | | |

Kindly indicate: Head Office, Branch Office (s) and where represented only. Please attach proof of residence (levies account, water/lights account, Rates & Taxes account, etc.)

| Physical address: | Physical address: |
|------------------------------|------------------------------|
| | |
| Tel no | Tel no |
| Fax no | Fax no |
| PO Box/Private Bag | PO Box/Private Bag |
| City: | City: |
| Code: | Code: |
| Registered Professional name | Registered Professional name |
| Physical address: | Physical address: |
| | |
| Tel no: | Tel no: |
| Fax no: | Fax no: |



| PO Box/Private Bag | PO Box/Private Bag |
|---|------------------------------|
| City: | City: |
| Code: | Code: |
| Registered Professional name | Registered Professional name |
| Attach list if space provided is inadequate | |

SECTION C: CAPACITY

1. CAPACITY AND PAST PERFORMANCE

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| Name of Project Completed | Name of Project Manager & Telephone no. | Name of Client & Telephone no. | Value of Project | | | |
|------------------------------|---|--------------------------------|------------------|--|--|--|
| | | | | | | |
| | | | | | | |
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| Name of Current Project | Name of Project Manager & Telephone no. | Name of Client & Telephone no. | Value of Project |
|-------------------------|--|-----------------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

The Tenderer is to specifically complete this form and not refer to any other document. Failure to complete this form might result in Tender disqualification.

C3. PREVIOUS APPOINTMENTS BY UNIVERSITY OF VENDA

| Project/Programme Name | Type of project | Contract period | Contract Value | Financial year | University of Venda Contact Person & Tel no. |
|---------------------------|-----------------|--------------------|-------------------|-------------------|--|
| | | | | | |
| | | | | | |
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C4. DID THE FIRM EXIST UNDER A PREVIOUS NAME? YES / NO

IF YES, WHAT WAS THE NAME:

C4.1 WHO WERE OWNERS/ PARTNERS/ DIRECTORS:



SECTION D: QUALITY

1. TYPE OF BUSINESS

| D1. TYPE OF FIRM | (Tick applicable box) |
|-----------------------------------|-----------------------|
| Joint Venture | |
| Partnership | |
| Company | |
| Close Corporation | |
| One Person Business / Sole Trader | |
| Other (specify) | |



Sub-Contractor

Specialist Sub-Contractor

Electrical/Mechanical Contractor

D3. SERVICE CAPACITY

Building Construction

Civil Construction

Marine Construction

Electrical Engineering Works

Mechanical Engineering Works

Other (specify)

D4. SAFETY

(Tick applicable box)

(Tick applicable box)

1. Does your business have an Occupational Health Policy complying to the Occupational Health and Safety Act (OHSA) Yes/No

2. Are you registered with Compensation for Occupational Injuries and Diseases Act (COIDA) **Yes/No**

COIDA registration number_____



SECTION E: SWORN STATEMENT

I/we, the undersigned, who warrant that I/we am/are duly, authorized to do so, on behalf of the enterprise, certify that:

- a) The information furnished is true and correct.
- b) If misrepresentation to gain any benefit is established, University of Venda may in addition to any other remedy it may have
 - disqualify the applicant;
 - restrict the applicant, its shareholders and directors from obtaining business from University of Venda for a period not exceeding 5 years;
 - in the event that a contract has been concluded, recover from the contractor all costs, losses or damages incurred or sustained because of the award of the contract;
 - cancel the contract and claim any damages suffered by having to make less favorable arrangements after such cancellation; and
- c) University of Venda is hereby empowered to take such steps as it may require verifying information submitted, including, but not limited to, the use of independent auditors or other experts.
- d) If there are any changes to the information supplied on this form, I/We will inform University of Venda Supply Chain Management Unit immediately.

| Name of Enterprise. | |
|---|------|
| Signature of Enterprise Representative: | |
| | |
| Address | |
| Telephone no:Date: | |
| For and on behalf of the company | Date |
| | |

Capacity of signatory (Position held in Company)

D. CERTIFICATE OF AUTHORITY OF AN ENTITY

Indicate the status of the Tender by ticking the appropriate box hereunder. The Tenderer must complete the certificate set out below for the relevant category.

| (I) Company | (II) Close Corporation | (III) Partnership | (IV) Joint Venture | (V) Sole Proprietor |
|----------------|------------------------------|----------------------|-----------------------|------------------------|
| | | | | |

(I) <u>CERTIFICATE FOR COMPANY</u>

I, chairperson of the Board of Directors of, hereby confirm that by resolution of the Board (copy attached) taken on, acting in the capacity of, was authorized to sign all documents in connection with this Tender and any contract resulting from it on behalf of the company.

Signature of Chairman:



Signature of Signatory:

As Witnesses: 1...... Name in Block Letters..... 2..... Name in Block Letters....

Date:



(II) <u>CERTIFICATE FOR CLOSE CORPORATION</u>

| We, | the | undersigned, | being | the | key | members | in | the | business | trading | as |
|------|--------|--------------|----------|-------|--------|---------|-----|-----|--------------|-------------|--------------------------------|
| | | | . hereby | y aut | horize | Mr./Ms | | | | | , acting in the |
| capa | city c | of | | | | | | | , to si | gn all do | cuments in connection with the |
| Tend | er for | Contract No | | | | | and | any | contract res | sulting fro | om it on our behalf. |

Signature of Signatory:

As Witnesses:

| 1 | Name in Block Letters |
|-------|-----------------------|
| 2 | Name in Block Letters |
| Date: | |

| NAME | ADDRESS | SIGNATURE | DATE |
|------|---------|-----------|------|
| | | | |
| | | | |
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| | | | |
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| | | | |

* Attach additional pages if more space is required.

Note: This certificate is to be completed and signed by all of the key members upon whom rests the direction of the affairs of the Close Corporation as a whole.



(III) <u>CERTIFICATE FOR PARTNERSHIP</u>

| We, the undersigned, being the key partners | in the business trading as, | .hereby |
|---|-----------------------------|---------------|
| authorize Mr./Ms | Acting in the capacity of | , to sign all |
| documents in connection with the Tender for | Contract No | and any |
| contract resulting from it on our behalf. | | |

Signature of Signatory:

As Witnesses:

| 1 | Name in Block Letters |
|---|-----------------------|
| 2 | Name in Block Letters |

Date:

| NAME | ADDRESS | SIGNATURE | DATE |
|------|---------|-----------|------|
| | | | |
| | | | |
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| | | | |

Note: This certificate is to be completed and signed by all of the key partners upon who rests the direction of the affairs of the Partnership as a whole.



(IV) <u>CERTIFICATE FOR JOINT VENTURE</u>

| We, the undersigned, are submitting this Tende | er offer in Joint Venture and hereby authorize Mr./Ms. | |
|---|--|-----------------|
| , authorized signatory | of the company, | . acting in the |
| capacity of lead partner, to sign all documents | in connection with the Tender offer for Contract No | |
| and any contract resulting from | m it on our behalf. | |
| Signature of Signatory: | | |
| As Witnesses: | | |
| 1 | Name in Block Letters | |
| 2 | Name in Block Letters | |
| Date: | | |

| NAME OF FIRM | ADDRESS | AUTHORISING SIGNATURE, NAME AND CAPACITY |
|--------------|---------|---|
| Lead partner | | |
| | | |
| | | |

* Attach additional pages if more space is required.

Note: This certificate is to be completed and signed by all of the joint venture partners upon who rests the direction of the affairs of the Joint Venture as a whole.



V) <u>CERTIFICATE FOR SOLE PROPRIETOR</u>

| I, H | hereby confirm that I am the sole owner of the business trading |
|------|---|
| as: | |

| Signature of Sole owner: | | |
|--------------------------|-----------------------|--|
| As Witnesses: | | |
| 1 | Name in Block Letters | |
| 2 | Name in Block Letters | |

Date:



The following are lists of major items of relevant equipment that I / we presently own or lease and will have available for this contract or will acquire or hire for this contract if my / our Tender is accepted.

(a) Details of major equipment that is owned by and immediately available for this contract.

| Quantity | Description, size, capacity, etc. | Year of Manufacture |
|----------|-----------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

* Attach additional pages if more space is required.

(b) Details of major equipment that will be hired, or acquired for this contract if my / our Tender is accepted.

| | Description, size, capacity, etc. | HO | W ACQUIRED |
|----------|-----------------------------------|--------------|------------|
| Quantity | | HIRE/ BUY | SOURCE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* Attach additional pages if more space is required.

The Tenderer undertakes to bring onto site without additional cost to the Employer any additional plant not listed but which may be necessary to complete the contract within the specified contract period.

Failure to complete this form properly and correctly, will lead to the conclusion that the Tenderer does not have the necessary plant and equipment resources at his disposal, which will prejudice his tender.

SIGNATURE:

| IDENTITY NUMBER: | |
|------------------|--|
|------------------|--|

(of person authorized to sign on behalf of the Tenderer)

DATE:



The following is a statement of traceable, current and similar References:

| SUPPLIER / PLANT HIRE NAME | TYPE OF SUPPLIER / PLANT HIRE | CONTACT PERSON | CONTACT NUMBER |
|-------------------------------|----------------------------------|----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SIGNATURE: IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)

DATE.....



G. SCHEDULE OF PROPOSED SUB-CONTRACTORS

We notify you that it is our intention to employ the following Subcontractors for work in this contract. If we are awarded a contract, we agree that this notification does not change the requirement for us to submit the names of proposed Subcontractors in accordance with requirements in the contract for such appointments. If there are no such requirements in the contract, then your written acceptance of this list shall be binding between us.

| No | Name and address of proposed Subcontractor | Company Registration No and CIDB Classification | Nature and extent of work to be Subcontracted | Previous experience with Subcontractor. |
|----|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

* Attach additional pages if more space is required.

Note: If the Tenderer is to sub contract the trenchless method, he should include the full details of the sub-contractor and the reference as required under the functionally section and this is visa versa.

SIGNATURE:

IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)

DATE:....



In terms of the Project Specification and the Conditions of Tender, unskilled workers may only be brought in from outside the local community if such personnel are not available locally.

The Tenderer shall list below the personnel which he intends to utilize on the Works, including key personnel which may have to be brought in from outside if not available locally.

| | | | NUMBER O | F PERSONS | | |
|--|---|---------|---|-----------|---|---------|
| CATEGORY OF EMPLOYEE | KEY PERSONNEL, PART OF THE CONTRACTOR'S ORGANISATION | | KEY PERSONNEL TO BE IMPORTED IF NOT AVAILABLE LOCALLY | | UNSKILLED PERSONNEL TO BE RECRUITED FROM LOCAL COMMUNITY | |
| | HDI | NON-HDI | HDI | NON-HDI | HDI | NON-HDI |
| Construction Manager, Contract Managers | | | | | | |
| Foremen, Quality Control and Safety Personnel | | | | | | |
| Technicians, Surveyors, etc. | | | | | | |
| Artisans and other Skilled workers | | | | | | |
| Plant Operators | | | | | | |
| Others: | | | | | | |
| | | | | | | |
| | | | | | | |

The Tenderer shall attach hereto the *curricula vitae*, in the form included hereafter, of at least the contracts manager, site agent, general foreman and the safety officer. The information is necessary for evaluation of the Tender.

SIGNATURE:

| IDENITITY NILIMDED. | |
|---------------------|--|
| IDENTITI NUMBER. | |

(of person authorised to sign on behalf of the Tenderer)

| DATE: | |
|-------|--|
|-------|--|



CURRICULUM VITAE OF KEY PERSONNEL (COMPULSORY)

(CVs are required only for contract manager, site agent, general foreman and safety officer)

CV FOR CONTRACT OR PROJECT MANAGER

| Name: | Date of birth: |
|--|------------------|
| Profession: | Nationality: |
| Qualifications: | |
| Professional Registration Number: | |
| Name of Employer (firm): | |
| Current position: | Years with firm: |
| Employment Record: | · |
| | |
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| | |
| Experience Record Pertinent to Required service: | |
| | |
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| | |

Certification:

I, the undersigned, certify that, to the best of my knowledge and belief, this data correctly describes me, my qualifications and my experience.

| SIGNATURE: | IDENTITY NUMBER: |
|--|------------------|
| (of person authorised to sign on behalf of the Tende | rer) DATE: |



CV FOR CONSTRUCTION MANAGER (previously known as Site Agent)

| Name: | Date of birth: |
|--|------------------|
| Profession: | Nationality: |
| Qualifications: | |
| Professional Registration Number: | |
| Name of Employer (firm): | |
| Current position: | Years with firm: |
| Employment Record: | |
| | |
| | |
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| Experience Record Pertinent to Required service: | |
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Certification:

I, the undersigned, certify that, to the best of my knowledge and belief, this data correctly describes me, my qualifications and my experience.

SIGNATURE OF THE INCUMBANT IN THE SCHEDULE

DATE

INCUMBANT'S IDENTITY NUMBER



CV FOR FOREMAN – EARTHWORKS AND PLUMBING

| Name: | Date of birth: | |
|--|------------------|--|
| Profession: | Nationality: | |
| Qualifications: | | |
| Professional Registration Number: | | |
| Name of Employer (firm): | | |
| Current position: | Years with firm: | |
| Employment Record: | | |
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| Experience Record Pertinent to Required service: | | |
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Certification:

I, the undersigned, certify that, to the best of my knowledge and belief, this data correctly describes me, my qualifications and my experience.

SIGNATURE OF THE INCUMBANT IN THE SCHEDULE

DATE

INCUMBANT'S IDENTITY NUMBER



CV FOR HEALTH AND SAFETY OFFICER

| Name: | Date of birth: | |
|--|------------------|--|
| Profession: | Nationality: | |
| Qualifications: | | |
| Professional Registration Number: | | |
| Name of Employer (firm): | | |
| Current position: | Years with firm: | |
| Employment Record: | | |
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| Experience Record Pertinent to Required service: | | |
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Certification:

I, the undersigned, certify that, to the best of my knowledge and belief, this data correctly describes me, my qualifications and my experience.

SIGNATURE OF THE INCUMBANT IN THE SCHEDULE

DATE

INCUMBANT'S IDENTITY NUMBER



I. PRELIMINARY CONSTRUCTION PROGRAMME

The Tenderer shall attach a preliminary Gantt chart programme reflecting the proposed sequence and tempo of execution of the various activities comprising the work for this Contract. The programme shall be in accordance with the information supplied in the Contract, requirements of the Project Specifications and with all other aspects of his Tender. The programme shall also demonstrate the Tender's clear understanding of the project scope of works and planning capability for the works.

[Note: The programme must be based on the completion time as specified in the Contract Data. No other completion time that may be indicated on this programme will be regarded as an alternative offer, unless it is listed in Table (b) of Form I hereafter and supported by a detailed statement to that effect, all as specified in the Tender Data]

SIGNATURE: IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)

DATE:....



J. AMENDMENTS, QUALIFICATIONS AND ALTERNATIVES

(This is not an invitation for amendments, deviations or alternatives but should the Tenderer desire to make any departures from the provisions of this contract he shall set out his proposals clearly hereunder. The Employer will not consider any amendment, unless form (a), has been completed to the satisfaction of the Employer). The Tenderer is referred to Tender Data paragraph C.2.12, where it is clearly stated that no alternative offers will be accepted.

I / We herewith propose the amendments, as set out in the table below:

(a) AMENDMENTS

| PAGE, CLAUSE OR ITEM NO | PROPOSED AMENDMENT |
|----------------------------|--------------------|
| | |
| | |
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| | |
| | |

* Attach additional pages if more space is required.

Notes: (1) Amendments to the General and Special Conditions of Contract are not acceptable;

(2) The Tenderer must give full details of all the financial implications of the amendments and qualifications in a covering letter attached to his Tender.

(b) ALTERNATIVES

| PROPOSED ALTERNATIVE | DESCRIPTION OF ALTERNATIVE |
|-------------------------|----------------------------|
| | |
| | |
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| | |

[Notes: (1) Individual alternative items that do not justify an alternative tender, and an alternative offer for time for completion should be listed here.

- (2) In the case of a major alternative to any part of the work, a separate Bill of Quantities, programme, etc., and a detailed statement setting out the salient features of the proposed alternatives must accompany the tender.
- (3) Alternative tenders involving technical modifications to the design of the works and methods of construction shall be treated separately from the main tender offer.]



(c) DISCOUNTS

| ITEM ON WHICH DISCOUNT IS OFFERED | DESCRIPTION OF DISCOUNT OFFERED |
|--------------------------------------|---------------------------------|
| | |
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[Note: The Tenderer must give full details of the discounts offered in a covering letter attached to his tender, failing which, the offer for a discount may have to be disregarded. Only unconditional discounts will be considered]

SIGNATURE: IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)

DATE:....



K. JOINT VENTURE AGREEMENT BETWEEN PARTIES

Attached hereto is my / our duly signed, notarized Joint Venture Agreement. My / our failure to submit the agreement with my / our tender document will lead to the conclusion that the joint venture has not been formally formed and all parties were not involved in the Tender process.

 SIGNATURE:
 IDENTITY NUMBER:

 (of person authorised to sign on behalf of the Tenderer)
 DATE:



L. COPY OF REGISTRATION CERTIFICATE WITH CIDB

Attached hereto is my / our copy of registration certificate pertaining to my / our relevant industry. My / our failure to submit the registration certificate with my / our Tender document will lead to the conclusion that my / our company is not registered in a relevant industry.

In case of a joint venture must submit registration certificate with CIDB.

SIGNATURE:

IDENTITY NUMBER:



(of person authorised to sign on behalf of the Tenderer)

DATE:....

M. IDENTITY DOCUMENTS OF OWNERS/DIRECTORS/MEMBERS/SHAREHOLDERS

Attached hereto are my / our certified copies of my / all owners / directors / members / shareholders identity documents.



| SIGNATURE: | IDENTITY NUMBER: |
|--|------------------|
| (of person authorised to sign on behalf of the Tende | erer) DATE: |

N. REGISTRATION CERTIFICATE OF AN ENTITY

Attached hereto is a certified copy of my / our company registration of incorporation or company registration documents. My failure to submit the copy with my / our Tender document will lead to the conclusion that I am / we are not registered as claimed.

Important note to Tenderer:

Insert here the applicable Registration Certificates for:

- Companies (attach company registration and copies of share certificates) or;
- Close Corporations (attach CK2 registration form from CIPRO) or;
- Partnerships or;
- ID documents for Sole Proprietors or;
- In the case of a Joint Venture, a copy of a duly signed Joint Venture Agreement must be included (attach registration certificates for each partner as applicable).



SIGNATURE:

IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)



O. COPY OF ASSOCIATION AGREEMENT FOR CLOSED CORPORATIONS

Attached hereto is my / our duly signed, certified copy of Association Agreement. My / our failure to submit the agreement with our Tender document will lead to the conclusion that the agreement does not exist.

 SIGNATURE:
 IDENTITY NUMBER:

 (of person authorised to sign on behalf of the Tenderer)
 DATE:



P. SHARE CERTIFICATES AND MEMORANDUM OF ASSOCIATION FOR COMPANIES

Attached hereto is our duly signed, share certificates and memorandum of association. Our failure to submit the above documents with our Tender document will lead to the conclusion that these documents do not exist.

 SIGNATURE:
 IDENTITY NUMBER:

 (of person authorised to sign on behalf of the Tenderer)
 DATE:



Q. TENDERER'S FINANCIAL STANDING

In terms of Clause F.2.18.1 of the Contract-specific Tender Data the Tenderer shall provide information about his commercial position, which includes information necessary for the Employer to evaluate the Tenderer's financial standing.

To that end the Tenderer must provide with his Tender a bank rating, certified by his banker, to the effect that he will be able to successfully complete the contract at the tendered amount within the specified time for completion.

The Tenderer shall also provide the audited annual financial statements for the recent past two years.

Failure to provide a certified bank rating with his Tender and the audited annual financial statements, will lead to the conclusion that the Tenderer does not have the necessary financial resources at his disposal to complete the contract successfully within the specified time for completion.

The Employer undertakes to treat the information thus obtained as confidential, strictly for the use of evaluation of the tender submitted by the Tenderer.

SIGNATURE: IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)



Attached hereto is my / our letter from my / our bank with banking details of the company. My / our failure to submit the letter with my / our Tender document will lead to the conclusion that the company does not have banking details.

 SIGNATURE:
 IDENTITY NUMBER:

 (of person authorised to sign on behalf of the Tenderer)
 DATE:



S. VALID TAX SARS PIN CERTIFICATE

Attached hereto is my / our certified copy of my / our VAT registration certificate. My / our failure to submit the certificate with my / our Tender document will lead to the conclusion that my / our company is not registered for VAT.

In the case of a Joint Venture, both members must submit the certificates for each partner as applicable.

SIGNATURE:

IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)



T. COPY OF COIDA REGISTRATION CERTIFICATE

Attached hereto is my / our certified copy of registration certificate with the Compensation for Occupational Injuries and Diseases, e.g. letter of good standing. My / our failure to submit the certificate with my / our Tender document will lead to the conclusion that my / our company is not registered with COIDA.

In the case of a Joint Venture, both members must submit the certificates for each partner as applicable.



| SIGNATURE: | IDENTITY NUMBER: |
|--|------------------|
| (of person authorised to sign on behalf of the Tende | rer) DATE: |

U. PREFERENCE CLAIM FORM INTERMS OF PREFERENTIAL PROCUREMENT REGULATION 2017 (SBD6.1)

1 Definitions

The following definitions shall apply to this schedule:

B-BBEE: means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;

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;

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;

Broad-Based Black Economic Empowerment Act: means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);

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; functionality means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.

Prices: includes all applicable taxes less all unconditional discounts;

- 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;

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;

rand value: means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

 Tenderers who qualify as EME's in terms of the B-BBEE Act must submit a certificate issued by an Accounting Officer as contemplated in the CCA or a Verification Agency accredited by SANAS or a Registered Auditor.
 Registered auditors do not need to meet the prerequisite for IRBA's approval for the purpose of conducting

Registered auditors do not need to meet the prerequisite for IRBA's approval for the purpose of conducting verification and issuing EME's with B-BBEE Status Level Certificates.

- 2. Tenderers other than EME's must submit their original and valid B-BBEE status level verification certificate Or a certified copy thereof, substantiating their B-BBEE rating issued by a Registered Auditor approved by IRBA or a Verification Agency accredited by SANAS.
- **3.** A trust, consortium or joint venture will qualify for points for their B-BBEE status level as an unincorporated entity, provided that the entity submits their consolidated B-BBEE scorecard as if they were a group



structure and that such a consolidated B-BBEE scorecard is prepared for every separate Tender.

- 4. A person will not be awarded points for B-BBEE status level if it is indicated in the Tender documents that Such a Tenderer intends sub-contracting more than 25% of the value of the contract to any other enterprise that does not qualify for at least the points that such a Tenderer qualifies for, unless the intended sub-contractor is an EME that has the capability and ability to execute the sub-contract.
- 5. A person awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.
- 6. A person awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.
- 7. Sanctions relating to breaches of preferencing conditions
 - The sanctions for breaching the preferencing conditions are:
 - 1) termination of the Contract; or
 - 2) a financial penalty payable to the Employer equal to 1,25 times the number of tender evaluation points awarded in respect of the preference claimed, multiplied by the Contract Price exclusive of VAT, divided by 100.

8 Tender preference claims in respect of B-BBEE

- 8.1 For projects below R50 000 000, 80/20 the points are allocated as follows:
 - 70 Percentage points Quality
 - o 30 points Experience on similar scale projects
 - o 20 points Management and Key Staff
 - o 30 points Key Personnel Qualifications
 - 10 points Available Plant
 - 10 points Programme of Works

• 20 points – B-BBEE Status level contributor

- o 20 points Level 1
- o 18 points Level 2
- 14 points Level 3
- 12 points Level 4
- 08 points Level 5
- 06 points Level 6
- o 04 points Level 7
- o 02 points Level 8
- o 00 Points Non- Compliant Contributor
- 80 points Price



SIGNATURE: IDENTITY NUMBER:

(of person authorised to sign on behalf of the Tenderer)

DATE:....

V. CONTRACTOR'S HEALTH AND SAFETY DECLARATION

In terms of Clause 5(h) of the Occupational Health and Safety Act (OHSA) 1993 Construction Regulations, 2014 (referred to as "the Regulations" hereafter), a Contractor may only be appointed to perform construction work if the Employer is satisfied that the Principal Contractor has the necessary competencies and resources to carry out the work safely in accordance with the Occupational Health and Safety Act No 85 of 1993 and the OHSA 1993 Construction Regulations, 2014 as amended.

To that effect a person duly authorized by the Tenderer must complete and sign the declaration hereafter in detail.

Declaration by Tenderer

- I the undersigned hereby declare and confirm that I am fully conversant with the Occupational Health and 1. Safety Act No 85 of 1993 (as amended by the Occupational Health and Safety Amendment Act No 181 of 1993), and the OHSA 1993 Construction Regulations, 2014.
- 2. I hereby declare that my company has the competence and the necessary resources to safely carry out the construction work under this contract in compliance with the Construction Regulations and the Employer's Health and Safety Specifications.
- 3. I propose to achieve compliance with the Regulations by one of the following:
 - (a) From my own competent resources as detailed in 4(a) hereafter: *Yes / No
 - (b) From my own resources still to be appointed or trained until competency is achieved, as detailed in 4(b) hereafter: *Yes / No
 - (c) From outside sources by appointment of competent specialist subcontractors as detailed in 4(c) hereafter: *Yes / No
 - (* = delete whatever is not applicable)
- 4. Details of resources I propose:

(Note: Competent resources shall include safety personnel such as a construction supervisor and construction safety officer as defined in Regulation 8, and competent persons as defined in Regulations 8, 10, 11, 12, 14, 16, 17, 18, 21(1), 22, 26 and 27, as applicable to this contract)

Details of the competent and qualified key persons from my company's own resources, who will form part of (a) the contract team:

| NAMES OF COMPETENT | POSITIONS TO BE FILLED BY COMPETENT |
|--------------------|-------------------------------------|
| PERSONS | PERSONS |



- (b) Details of training of persons from my company's own resources (or to be hired) who still have to be trained to achieve the necessary competency:
 - (i) By whom will training be provided?
 - (ii) When will training be undertaken?
 - (iii) List the positions to be filled by persons to be trained or hired:

(c) Details of competent resources to be appointed as subcontractors if competent persons cannot be supplied from own company:

| Name of proposed subcontractor: | | |
|---|--|--|
| Qualifications or details of competency of the subcontractor: | | |
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| | | |

- 5. I hereby undertake, if my Tender is accepted, to provide, before commencement of the works under the contract, a suitable and sufficiently documented Health and Safety Plan in accordance with Regulation 7(1)(a) of the Construction Regulations, which plan shall be subject to approval by the Employer.
- 6. I confirm that copies of my company's approved Health and Safety Plan, the Employer's Safety Specifications as well as the OHSA 1993 Construction Regulations 2014 will be provided on site and will at all times be available for inspection by the Contractor's personnel, the Employer's personnel, the Employers Agent, visitors, and officials and inspectors of the Department of Labour.
- 7. I hereby confirm that adequate provision has been made in my Tender rates and prices in the schedule of quantities to cover the cost of all resources, actions, training and all health and safety measures envisaged in the OHSA 1993 Construction Regulations 2014, and that I will be liable for any penalties that may be applied by the Employer in terms of the said Regulations (Regulation 33) for failure on the Contractor's part to comply with the provisions of the Act and the Regulations.
- 8. I agree that my failure to complete and execute this declaration to the satisfaction of the Employer will mean that I am unable to comply with the requirements of the OHSA 1993 Construction Regulations 2014, and accept that my Tender will be prejudiced and may be rejected at the discretion of the Employer.



| SIGNATURE: | IDENTITY NUMBER: |
|--|------------------|
| (of person authorised to sign on behalf of the Tende | rer) DATE: |



W. PRO FORMA NOTIFICATION FORM IN TERMS OF THE OCCUPATIONAL HEALTH AND SAFETY ACT 1993, REGULATION 4 OF THE CONSTRUCTION REGULATIONS 2014

[This form must be completed and forwarded, <u>prior to commencement</u> of work on site, by all Contractors that qualify in terms of Regulation 4 of the Construction Regulations 2014, to the office of the Department of Labour]

| 1. | (a) | Name and postal address of Contractor |
|------------|------|---|
| | (b) | |
| 2. | Prin | cipal Contractor's workman's compensation registration number: |
| 3. | (a) | Name and postal address of client: |
| | (b) | Name and tel. no of client's contact person or agent: |
| 4. | (a) | Name and postal address of designer(s) for the project: |
| | (b) | Name and tel. no of designer's contact person: |
| 5. | | ne and telephone number of Principal Contractor's construction supervisor on site appointed in terms of ulation 8(1): |
| 6. | Nan | ne/s of Principal Contractor's sub-ordinate supervisors on site appointed in terms of regulation 8(2). |
| 7. | Exa | ct physical address of the construction site or site office: |
| 8. | Natu | ure of the construction work: |
| 9. | - | ected commencement date: |
| 10. | - | ected completion date: |
| 11. | | mated maximum number of persons on the construction site: |
| 12 | | nned number of Contractors on the construction site accountable to Contractor: |
| | | ne(s) of Contractors already selected: |
| | | |
| | | |
| | | |
| <u>SIG</u> | NED | <u>BY:</u> |
| PRI | NCIP | AL CONTRACTOR: DATE: |

CLIENT AGENT (where applicable) DATE:



CLIENT: DATE:

X. ORIGINAL RECEIPT AS PROOF OF VALID CERTIFICATE FOR PURCHASING THE TENDER DOCUMENT

A Valid receipt for purchasing the Tender document to be attached to this page.

SIGNATURE:

IDENTITY NUMBER:



(of person authorised to sign on behalf of the Tenderer)

DATE:....

Y. CONFLICT OF INTEREST

DECLARATION BY SUPPLIERS/CONTRACTORS/SERVICE PROVIDER/CONSULTANT In the case of a joint venture, separate forms in respect of each partner must be completed and submitted

l/We

being a Supplier/Contractor to the University of Venda hereby declare that I have not tried to influence any party at the University of Venda with any financial and/or other interests, either directly or indirectly, in connection with this order/contract. I/We declare further that no individual or group stand to benefit materially, directly or indirectly, from the award of this contract/order and/or for the duration of this contract/order and that no approaches of benefits, bribes, backhanders or any other form of unauthorized benefit were either received or made or promised and will not be entertained for the duration of the contract/order.

In the event that any approach was or will be made, we undertake that no such approach will be entertained and that it will be reported immediately to the Registrar at (015) 962-8000 or the DVC: Operations at (015) 962-8105. Any requests for sponsorships and/or any other approach will not be entertained and will also be reported to these offices immediately. It will only be permissible once a request has been made on the official letterhead of the University of Venda and signed by a member of the Executive Management of the University or by the Director: Communications and Marketing.

Our company hereby consent that any breach of the above will be dealt with decisively by the University in terms of its rules and will lead to the immediate termination of the agreement and recovery of costs by the University of Venda.

Signed by ______ on this the _____ day of _____ 20____

Signature

Duly authorized by the Supplier/Contractor/Service Provider/ Consultant to sign this declaration.



DECLARATION

| I/We, THE UNDERSIGNED (name) hereby certify that the information furnished is correct. | | | |
|--|---|--|--|
| I accept that the University of Venda as representative or prove to be false. | f the university may act against me should this declaration | | |
| Signature:Date: | | | |
| Identity number: | | | |
| Position: Name of Tende | erer: | | |
| SIGNATURE: | IDENTITY NUMBER: | | |



Z. B-BBEE CERTIFICATE

Attached hereto is my / our B-BBEE Certificate or sworn in Affidavit.

In the case of a joint venture, a consolidated B-BBEE Certificates issued by SANAS accredited service provider must be submitted.



| SIGNATURE: | IDENTITY NUMBER: |
|---|------------------|
| (of person authorised to sign on behalf of the Tender | er) DATE: |