

# INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE OVERSTRAND MUNICIPALITY

BID NUMBER: SC 744/2009

CLOSING DATE: 23 October 2009

CLOSING TIME: 12h00

DESCRIPTION: **LIFESAVING SERVICES OVERSTRAND AREA.**

**The successful bidder will be required to fill in and sign a written Contract Form.**

*BID DOCUMENTS MUST BE DEPOSITED IN THE BID **BOX No. 2** SITUATED AT OVERSTRAND MUNICIPAL BUILDING, MAGNOLIA AVENUE, HERMANUS*

**Please Note:**

- **Tenders that are deposited in the incorrect box will not be considered.**
- **Tender box deposit slot is 28cm x 2.5cm.**
- **Mailed, telegraphic or faxed tenders will not be accepted.**

**Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.**

The bid box is generally open 24 hours a day, 7 days a week.

THIS BID IS SUBJECT TO THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT

THIS BID WILL BE EVALUATED AND ADJUDICATED ACCORDING TO THE FOLLOWING CRITERIA:

1. Relevant specifications
2. Value for money
3. Capability to execute the contract
4. PPPFA & associated regulations

..... *[insert any other criteria]*

**NB:**

**1. NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE (see definition on MBD 4 attached)**

**2. The tenderer must list all the municipal accounts numbers within the Overstrand Municipal area for which he/she is responsible or partially responsible, and by signing this document, the tenderer declares that the following are the only such accounts:**

**i..... ii..... iii ..... iv .....**

**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 NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER .....

FACSIMILE NUMBER CODE ..... NUMBER.....

VAT REGISTRATION NUMBER .....

HAS AN ORIGINAL TAX CLEARANCE CERTIFICATE BEEN ATTACHED (MBD 2)? YES/NO

ARE YOU THE ACCREDITED REPRESENTATIVE  
IN SOUTH AFRICA FOR THE GOODS/SERVICES OFFERED BY YOU?  
YES/NO  
(IF YES ENCLOSE PROOF)

SIGNATURE OF BIDDER .....

DATE .....

CAPACITY UNDER WHICH THIS BID IS SIGNED .....

**ALL BIDS MUST BE SUBMITTED IN WRITING ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)**

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ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

**Contact Person: Dion van Vuuren**

**Tel: 028 – 313 8112**