GREATER TZANEEN MUNICIPALITY



SUPPLY CHAIN MANAGEMENT UNIT

QUOTE DESCRIPTION:	PROCUREMENT OF VENUE AND CONFERENCE PACKAGE FOR 250 PEOPLE	
QUOTE NO:	SCMUQ 30/2025	
NAME OF BIDDER:		
AMOUNT R		
AMOUNT IN WORDS:		
	RAND	
CLOSING DATE: 06 JUN	E 2025 @ 12H00	



PART A: MBD1 GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT



SUPPLY CHAIN MANAGEMENT UNIT DEPARTMENT: PLANNING AND ECONOMIC DEVELOPMENT

QUOTE DESCRIPTION: PROCUREMENT OF VENUE AND CONFERENCE PACKAGE FOR 250 PEOPLE.

QUOTE NO: SCMUQ 30/2025

Quotations are hereby invited from interested service provider for the Appointment of Service Provider for the Procurement of Venue and Conference Package for 250 People. Documents are obtainable at Greater Tzaneen Municipality Supply Chain Management Offices and municipal website.

Interested bidders must attach proof of the following documents to avoid disqualification:

CSD report (not older than 3 months), certified copies of ID's for all directors of the company, statement of municipal rates and taxes for both company and directors appearing in the CK (not older than 3 months)/ copy of Lease Agreement with 3 Months proof of payment only (No statements), certified copies of Permission to occupy (PTO's) land for bidders residing in Tribal authority's areas of jurisdiction / letter from traditional authority not older than 3 months for the company and the directors/. valid tax pin or tax clearance, Joint venture agreements in case of a joint venture companies legally singed off by both parties.

Completed documents with attachments (supporting documents) must be wrapped in a sealed envelope and be deposited into Greater Tzaneen Municipality bid box, Civic Centre, Agatha Street, marked as Quote No: **SCMUQ 30/2025**, **postal address and contact details of the bidder.**

Document will be available at www.greatertzaneen.gov.za and Supply Chain Office from the date of advert.

Closing date: 06 June 2025 @ 12:00 at Greater Tzaneen Municipality; Civic Centre; Council Chamber.

Bidders shall take note of the following bid conditions:

- a) Greater Tzaneen Municipality Supply Chain Management Policy will apply on this bid.
- b) Specific goals points scored.
- c) Council reserves the right not to appoint.
- d) No bidder will be appointed if not registered on Central Supplier Database.
- e) Contract period of this quote is once off procurement.
- f) Late, incomplete, unsigned, faxed, or emailed documents will not be accepted.

Technical enquiries should be directed to Mr M Sekgotodi @ 015 307 8032 Administrative enquiries must be directed to Ms Z Ramothwala @ 015 307 8199

PART B.1 FORM OF OFFER

Quote for contract number: SCMUQ 30/2025

I/We, the undersigned:
Quote for an amount% (vat inclusive) and.
a) Quote to supply and deliver to the Greater Tzaneen Municipality all or any of the supplied
of goods described in both Specification and Scheduled of this Contract.
b) Agree that we will be bound by the specifications, prices, terms and conditions stipulate
in those Schedules attached to this document, regarding delivery and execution.
c) Declare that all information provided in respect of the bidder as well as the bid document submitted are true and correct.
Signed at
Signature
Name of Firm:
Address:
State in cases where the bidder is a Company, Corporation of Firm by what authority th person signing does so, whether by Articles of Association, Resolution, Power of Attorney of otherwise.
I/We the undersigned am/are authorized to enter into this contract on behalf of:
By virtue of
Dated a certified copy of which is attached to this bid.
Signature of authorized person:
Name of Firm:
Postal Address:
Please Note: The prices at which bids are prepared to supply the goods and materials or perform

Failure to sign the form of offer and initialling each page of the document will result in disqualification of the bidder.

the services must be placed in the column on the form provided for that purpose.

Part B. 2 Quote Information

Details of person responsible for bidding process
Name:
Contact number:
Address of office submitting quote:
Telephone:
Fax no:
E-mail address:
Authority for signatory
Signatories for close corporation and companies shall confirm their authority by attaching to thi
form a duly signed and dated copy of the relevant resolution of their members or their board of
directors, as the case may be.
An example for a company is shown below:
"By resolution of the board of director(s) passed on//20
Mr/ Mrs.
Has been duly authorized to sign all documents in connection with the bid for
ContractNo
And any contract, which may arise there from on behalf of
Signed on behalf of the company:
In his capacity as: Date: /
Signature of signatory
~~





GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT MASIPALA WA TZANEEN MASEPALA WA TZANEEN

P.O. BOX 24 TZANEEN 0850 **TEL:** 015 307 8000 **FAX:** 015 307 8049

SPECIFICATION FOR PROCUREMENT OF VENUE AND CONFERENCE PACKAGE FOR 250 PEOPLE

QUANTITY	DESCRIPTION	PRICE	TOTAL
250	Breakfast: Tea, Coffee, Juice, Sandwiches and Scones	R	R
250	Lunch: Pap, Rice, Chicken, Beef,2 Salads, 1 Vegetable and assorted drinks	R	R
		SUB TOTAL	R
		VAT	R
		TOTAL	R

EVALUATION OF BIDS

NB: 80/20 Preference point scoring system will apply, where 80 points will be allocated for price only and 20 Specific goals points scored.

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	claimed (80/20	Means of verification (MO\ specific goals	/) for
Black people as defined in the policy	20		CK, CSD report and Certified Identification documentation	Tick
TOTAL	20			

PART D

MBD 4

DECLARATION OF INTEREST

- 1. No bid will be accepted from persons in the service of the state*.
- 2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

	order to give effect to the above, the following questionna nitted with the bid.	ire must be completed and
3.1	Full Name:	
3.2	Identity Number:	
3.3	Company Registration Number:	
3.4	Tax Reference Number:	
3.5	VAT Registration Number:	
3.6	Are you presently in the service of the state* YES / NO	
3.6.1	1 If so, furnish particulars	
Hav	ve you been in the service of the state for the past twelve months	? YES / NO
3.7.1	If so, furnish particulars.	
3.8 D	Do you, have any relationship (family, friend, other) with person	ns in the
Se	ervice of the state and who may be involved with the evaluatio	n and or
a	adjudication of this bid?	ES / NO
3.8.1	If so, furnish particulars	
3.9 H	Have you been in the service of the state for the past twelve mon YES / NO	ths?
3.9.1	. If yes, furnish particulars	

- (a) a member of -
 - (i) any municipal council.
 - (ii) any provincial legislature; or
 - (iii) the national Assembly or the national Council of provinces.
- (b) a member of the board of directors of any municipal entity.
- (c) an official of any municipality or municipal entity.
- (d) an employee of 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);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

^{*} MSCM Regulations: "in the service of the state" means to be -

bidder and any pe	ny relationship (family, friend ersons in the service of the stat evaluation and or adjudication	e who may be
3.10.1. If so, furnish pa	rticulars	
	ompany's directors, managers, service of the state? YES /	
3.11.1 If so, furnish pa	rticulars	
• •	, child or parent of the coakeholders in service of the st	
2.12.1.13		YES / NO
-	rticulars	
4. Full details of directo	ors / trustees / members / share	enolders
Full Name	Identity Number	State Employee Number
Signature		Date
Capacity		Name of Bidder
	CERTIFICAT	TION
I, the undersigned		
_		
,		
•	ation furnished on this declar uld this declaration prove to b	ation form is correct. I accept that the state e false.
Signature		Date
Designation		Name of Bidder

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