



## **REQUEST FOR FORMAL WRITTEN PRICE QUOTATION:**

**(Over R30 000.00 up to a transaction value of R200 000.00 VAT included)**

Kindly furnish me with a written quotation for the **Supply and Delivery of Office Furniture for MPAC- Corporate Services at Maquassi Hills Local Municipality, SEE SPECIFICATION ATTACHED**

The quotation must be submitted on the letterhead of your business and can be **DELIVERED** by hand and or **EMAILED** to the below mentioned email addresses not later than **23 August 2023 @ 12H00**.

**SCM No.07/2023/24**

**MAQUASSI HILLS LOCAL MUNICIPALITY**

**ATTENTION:**

Email address: [dumisanex@maquassihills.org](mailto:dumisanex@maquassihills.org) / [rosinahm@maquassihills.org](mailto:rosinahm@maquassihills.org)

**TEL: 018 596 3025**

The following conditions will apply:

- Price(s) quoted must be valid for at least (90) days from date of your offer.
- A firm delivery period must be indicated.
- This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Revised Preferential Procurement Policy Framework ("PPR 2022") Act (No 5 of 2000)
- Suppliers must be / or can register on the CSD (Central Supplier Date Base) [www.csd.gov.za](http://www.csd.gov.za)

### **RETURNABLE DOCUMENTS:**

- **TAX CLEARANCE CERTIFICATE**
- **COMPANY REGISTRATION**
- **COMPANY MUNICIPAL ACCOUNT / LEASE AGREEMENT**
- **DECLARATION OF INTEREST**
- **ID COPIES OF DIRECTORS/OWNERS**
- **CSD REGISTRATION REPORT**

|                                                                                                                                                                        |  |               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--|
| <b>(Over R 30 000.00 UP TO A TRANSACTION VALUE OF R 200 000.00 VAT INCLUDED)</b>                                                                                       |  |               |  |
| SCM NUMBER:                                                                                                                                                            |  | CLOSING DATE: |  |
| DESCRIPTION                                                                                                                                                            |  |               |  |
| <b>THE SUCCESSFUL SUPPLIER WILL BE REQUIRED TO PROVIDE THE MUNICIPALITY WITH THE LETTER EITHER DECLINING AND / OR ACCEPTING THE OFFER WITHIN FIVE (5) WORKING DAYS</b> |  |               |  |

QUOTE RESPONSE DOCUMENTS MAY BE COLLECTED AT  
**SUPPLY CHAIN OFFICES: 19 KRUGER STREET,  
WOLMARANSSTAD 2630**

| <b>SUPPLIER INFORMATION</b>                                                                     |                                                                                    |                                                                          |                                                                                       |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| NAME OF SUPPLIER                                                                                |                                                                                    |                                                                          |                                                                                       |
| POSTAL ADDRESS                                                                                  |                                                                                    |                                                                          |                                                                                       |
| STREET ADDRESS                                                                                  |                                                                                    |                                                                          |                                                                                       |
| TELEPHONE NUMBER                                                                                | CODE                                                                               |                                                                          | NUMBER                                                                                |
| CELLPHONE NUMBER                                                                                |                                                                                    |                                                                          |                                                                                       |
| FACSIMILE NUMBER                                                                                | CODE                                                                               |                                                                          | NUMBER                                                                                |
| E-MAIL ADDRESS                                                                                  |                                                                                    |                                                                          |                                                                                       |
| VAT REGISTRATION NUMBER                                                                         |                                                                                    |                                                                          |                                                                                       |
| TAX COMPLIANCE STATUS                                                                           | TCS PIN:                                                                           |                                                                          | OR CSD No:                                                                            |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF] | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER PART B:3] |
| TOTAL NUMBER OF ITEMS OFFERED                                                                   |                                                                                    | TOTAL QUOTE PRICE                                                        | R                                                                                     |
| SIGNATURE OF BIDDER                                                                             | .....                                                                              | DATE                                                                     | .....                                                                                 |
| CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:.....                                                 |                                                                                    |                                                                          |                                                                                       |
| <b>QUOTE PROCEDURE ENQUIRIES MAY BE DIRECTED TO:</b>                                            |                                                                                    | <b>TECHNICAL INFORMATION MAY BE DIRECTED TO:</b>                         |                                                                                       |
| DEPARTMENT: SUPPLY CHAIN UNIT                                                                   |                                                                                    | CONTACT PERSON                                                           |                                                                                       |
| CONTACT PERSON: COLLEN M                                                                        |                                                                                    | TELEPHONE NUMBER                                                         |                                                                                       |
| TELEPHONE NUMBER: 018 065 0010                                                                  |                                                                                    | FACSIMILE NUMBER                                                         |                                                                                       |
| FACSIMILE NUMBER: 018 596 1555                                                                  |                                                                                    | E-MAIL ADDRESS                                                           |                                                                                       |
| E-MAIL ADDRESS:<br><a href="mailto:dumisanex@maguassihills.org">dumisanex@maguassihills.org</a> |                                                                                    |                                                                          |                                                                                       |

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. QUOTE SUBMISSION:</b>                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| 1.1.                                                                                                                                                                                                                | QUOTATIONS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE QUOTES WILL NOT BE ACCEPTED FOR CONSIDERATION.                                                                                                               |
| 1.2.                                                                                                                                                                                                                | <b>ALL QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR ONLINE</b>                                                                                                                                         |
| 1.3.                                                                                                                                                                                                                | THIS SCOPE OF WORK IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>                                                                                                                                                                               |                                                                                                                                                                                                                                               |
| 2.1                                                                                                                                                                                                                 | SUPPLIERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.                                                                                                                                                                                  |
| 2.2                                                                                                                                                                                                                 | SUPPLIERS 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.                                                                 |
| 2.3                                                                                                                                                                                                                 | APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE 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.                  |
| 2.4                                                                                                                                                                                                                 | FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B:3.                                                                                                                                                                      |
| 2.5                                                                                                                                                                                                                 | SUPPLIERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.                                                                                                                                                                    |
| 2.6                                                                                                                                                                                                                 | WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.                                                                                                                 |
| <b>3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                |                                                                                                                                                                                                                                               |
| 3.1.                                                                                                                                                                                                                | IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                      |
| 3.2.                                                                                                                                                                                                                | DOES THE ENTITY HAVE A BRANCH IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |
| 3.3.                                                                                                                                                                                                                | DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                           |
| 3.4.                                                                                                                                                                                                                | DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                |
| 3.5.                                                                                                                                                                                                                | IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                            |
| IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE. |                                                                                                                                                                                                                                               |

**FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.  
NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE.**

SIGNATURE OF BIDDER: .....

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

DATE: .....

## SPECIFICATION

| NO | DESCRIPTION                                                                                                              | QUANTITY |
|----|--------------------------------------------------------------------------------------------------------------------------|----------|
| 1  | DOUBLE SEATER COUCH-SILVER EPOXY FEET-1320WX740DX700H (FABRIC: CONTRACT BLACK)                                           | 1        |
| 2  | COFFEE TABLE-600WX600DX450H                                                                                              | 1        |
| 3  | HIGHBACK CHAIR-HEAVY DUTY SWIVEL AND TILT MECHANISM-CHROME BASE-CHROME ARMS WITH PADDING (FABRIC: BONDED LEATHER)        | 1        |
| 4  | 7600 HIGHBACK CHAIR-SWIVEL AND TILT MECHANISM-NYLON BASE-FLEXI ARMS (FABRIC: BONDED LEATHER)                             | 1        |
| 5  | 7600 VISITORS ARMCHAIR-MATT BLACK EPOXY INTEGRAL                                                                         | 2        |
| 6  | STACK-ON BOOKCASE 1170HX1800WX360D-2FULL GLASS DOORS                                                                     | 1        |
| 7  | REAR TABLE 1800X600-CENTRAL LOCKING DESK HEIGHT- PEDESTAL-PEN AND PENCIL TRAY-2 STANDARD DRAWERS-1 DEEP FILER DRAWER-LHS | 1        |
| 8  | CONNECTING TOP ONLY 900X600-INCLUDING LEG AND BRACKET                                                                    | 1        |
| 9  | CORE DESK 2000X1200-3 LEGS-MODESTY PANEL- LHS                                                                            | 1        |
| 10 | CORE DESK 2000X1200-3 LEGS-MODESTY PANEL- LHS                                                                            | 1        |
| 11 | ROLLER DOOR PEDENZA 1200X600-INCLUDING SHELF-DRAWER ON LHS                                                               | 1        |
| 12 | 4 TIER HINGED DOOR BOOKCASE-1600HX800WX315D-INCLUDING 3 SHELVES                                                          | 1        |

## MBD 6.1

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

#### 1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2 **To be completed by the organ of state**

a) The applicable preference point system for this tender is the 80/20 preference point system.

b) The 80/20 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4 **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|                                           | POINTS |
|-------------------------------------------|--------|
| PRICE                                     | 80     |
| SPECIFIC GOALS                            | 20     |
| Total points for Price and SPECIFIC GOALS | 100    |

- 1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.
- 1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

**80/20**

$$P_s = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

Where

$P_s$  = Points scored for price of tender under consideration

$P_t$  = Price of tender under consideration

$P_{min}$  = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

#### 3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 points is allocated for price on the following basis:



$$P_s = 80 \left( 1 + \frac{80/20 \cdot (P_t - P_{max})}{P_{max}} \right)$$

Where

- $P_s$  = Points scored for price of tender under consideration  
 $P_t$  = Price of tender under consideration  
 $P_{max}$  = Price of highest acceptable tender

#### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

*(Note to organs of state: Where the 80/20 preference point system is applicable, corresponding points must also be indicated as such.)*

*Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)*

| 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) | Means of Verification                                                | Number of points claimed (80/20 system) (To be completed by the tenderer) |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|
| • Women                                                     | 05                                                                                | Identification Document                                              |                                                                           |
| • Locality (within Maquassi Hills Local Municipal)          | 05                                                                                | Statement of Municipal Rates and Taxes of not more than Three Months |                                                                           |
| • People with disability                                    | 05                                                                                | Medical report confirming disability                                 |                                                                           |
| • Youth (18 – 35 years of age)                              | 05                                                                                | Identification document                                              |                                                                           |



**MAQUASSI HILLS LOCAL MUNICIPALITY**

**C.5 DECLARATION WITH REGARD TO LOCALITY**

**DECLARATION WITH REGARD TO LOCALITY**

State full particulars of locality of enterprise as well as that of Head Office:

**Physical address of local enterprise:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:**

\_\_\_\_\_

**Fax:**

\_\_\_\_\_

**Signature (of authorized signatory)** \_\_\_\_\_

**Name (of authorized signatory)** \_\_\_\_\_

**Date** \_\_\_\_\_

**PROVIDE COPIES OF ID'S**

| <b>NAME OF DIRECTORS/OWNERS</b> | <b>ID NUMBERS</b> |
|---------------------------------|-------------------|
|                                 |                   |
|                                 |                   |
|                                 |                   |
|                                 |                   |
|                                 |                   |

## MAQUASSI HILLS LOCAL MUNICIPALITY

**Signature** (of authorized signatory) .....

**Name** (of authorized signatory).....

**Name of Tenderer**.....

**Address** .....  
.....  
.....

**Signed and sworn before me at (Place)**.....

On this .....day of .....by the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

**Commissioner of Oaths:** .....

**NOTES: If this declaration is not signed and affirmed no points will be awarded for HDI Equity.**

## MAQUASSI HILLS LOCAL MUNICIPALITY

### C.7 DECLARATION OF INTEREST

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----|
| Declaration of Interest: no bid will be accepted from persons of the state. 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 the 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. |                                  |    |
| Full names of members:                                                                                                                                                                                                                                                                                                                                                                                                                                       | .....<br>.....<br>.....<br>..... |    |
| Identity numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                            | .....<br>.....<br>.....<br>..... |    |
| Company Registration number                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |    |
| Tax reference number                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |    |
| Are you presently in the service of the State                                                                                                                                                                                                                                                                                                                                                                                                                | YES                              | NO |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
| Have you been in the service of the state for the past twelve months?                                                                                                                                                                                                                                                                                                                                                                                        | YES                              | NO |
| If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
| Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of a bid?                                                                                                                                                                                                                                                                                     | YES                              | NO |
| If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
| Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of a bid.                                                                                                                                                                                                                                                                | YES                              | NO |
| If so, furnish                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |    |
| Are any of the company's directors, managers, principle shareholders or                                                                                                                                                                                                                                                                                                                                                                                      | YES                              | NO |
| Stakeholders in service of the state?                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |    |

|                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If so, furnish particulars:                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                              |
| <i>MSCM Regulations: "in the service of the state" means to be-</i>                                                                                                                                                                          |
| <i>a) A member of-</i> <ul style="list-style-type: none"> <li><i>i. Any municipal council</i></li> <li><i>ii. Any provincial legislature; or</i></li> <li><i>iii. The national Assembly or the national Council or provinces;</i></li> </ul> |
| <i>b) A member of the board of directors of any municipal entity;</i>                                                                                                                                                                        |
| <i>c) An official of any municipality or municipal entity</i>                                                                                                                                                                                |
| <i>d) An employee of any national or provincial department, national or provincial public entity or constitutional institution with the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);</i>                          |
| <i>e) A member of the accounting authority of any national or provincial public entity;</i>                                                                                                                                                  |
| <i>f) An employee of Parliament or a provincial legislature.</i>                                                                                                                                                                             |

I, THE UNDERSIGNED

(NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE PRINCIPAL MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

| NAME OF DIRECTORS/OWNERS | ID NUMBERS |
|--------------------------|------------|
|                          |            |
|                          |            |
|                          |            |
|                          |            |
|                          |            |

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder