CITY POWER
JOHANNESBURG

Bidders are hereby invited for the following RFQ,
Further details are available from CITY POWER,
Tender Advice Centre, 40 Heronmere Rd, Reuven, Booyens
Telephone 011 490-7000, Fax 011 870-3717
CITY POWER JOHANNESBURG (SOC) LTD.

ADVERTISEMENT

REQUEST FOR QUOTATION: SUPPLY AND DELIVERY OF CARTTRIDGES

REQUEST FOR QUOTATION: 10811369
RFQ CLOSING DATE: 13 June 2017
RFQ CLOSING TIME: 11h00 AM
SITE MEETING: N/A
TIME FOR SITE MEETING: N/A
VENUE: City Power – Tender Advice Centre
CONTACT PERSON: Itumeleng Makhubela

RFQ DOCUMENTS WILL BE AVAILABLE ON SITE AND ON THE WEBSITE
AS FROM 08 June 2017

40 HERONMERE ROAD REUVEN, BOOYSENS

SUBMISSIONS: QUOTATION BOX, TENDER ADVICE CENTRE

Please note:-
That we also advertise on our Website:
Website Address: www.citypower.co.za Available Bid’s and RFQ’S

CP Reference Number:
Contact Person: Itumeleng Makhubela

Non-Executive Directors: F Chikane
(Chairperson of the Board), G Badela, N Galawe, Z Hlatshwayo, N Hlubi, B Mofokeng, N Mohlala,
M Molebeng, Y Ndema, T Sithole
Executive Directors: S Xulu (Managing Director)
M Smith (Company Secretary)
Registration number: 2000/030051/07 VAT number: 4710191182
You are hereby invited to submit a quotation for the items listed below. Please provide a written quotation to the above named contact person on or before the closing date indicated below. Only quotations which contain the information listed below will be accepted. Prices should be shown inclusive of VAT and fixed and firm. Delivery will be direct to the relevant City Power store.

<table>
<thead>
<tr>
<th>Item No</th>
<th>Material/Service Description</th>
<th>Estimated Qty</th>
<th>Price per item (Each)</th>
<th>Total Excl. VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ink Cartridges HP C6625A Colour</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sub Total

VAT

TOTAL Incl. VAT

R

Closing date and time for submission of quotation: 13/06/2017 @ 11h00
Vendors must supply written quotations that reflect the following information on the quotation:

- Quotation Validity Period: _____________________
- Delivery period: ______________________________
- Company Name: _____________________________
- Company Registration Number: _____________________
- VAT Registration Number: _________________________
- Physical Address: _______________________________
- Contact Person: ________________________________
- Telephone Number: ____________________________
- Fax Number/Email Address: _______________________
- Company Income Tax Number (i.e. SARS No): _____________
- Tax Clearance Certificate Attached or consent for City Power to ascertain from SARS whether your status is in order: _________________________
- Signed disclaimer (Attached to this RFQ): _____________________

PREFERENCE POINT SYSTEM WILL BE USED FOR VALUE OF BETWEEN R30K AND R200K

Points awarded for Price and RDP goals (80/20)

<table>
<thead>
<tr>
<th>PRICE</th>
<th>80</th>
</tr>
</thead>
<tbody>
<tr>
<td>BBBEE POINTS</td>
<td>20</td>
</tr>
<tr>
<td>TOTAL POINTS</td>
<td>100</td>
</tr>
</tbody>
</table>

**CALCULATION**

1. **THE 80/20 PREFERENCE POINT SYSTEMS**

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

\[
P_s = 80 \left(1 - \frac{Pt - P_{\text{min}}}{P_{\text{min}}}\right)
\]

Where

\[
P_s \quad \text{Points scored for price of bid under consideration}
\]

\[
Pt \quad \text{Rand value of bid under consideration}
\]
Disclaimer: Supplier (__________________________) hereby warrants that he/she/it has:

(Name of supplier)

1. Read, fully understood and hereby accept City Power’s standard quotation Terms & Conditions as published on the official City Power website;
2. Submitted a true and accurate declaration of interests reflecting that the supplier has no immediate family relations and that none of its shareholders, directors, managers or stakeholders are in the employ of City Power or the state currently and that no such relatives, shareholders, directors, managers or stakeholders have been so employed in the previous 12 months;
3. Undertakes to complete a fresh declaration of interests should these circumstances have changed as at date of this quotation. (This declaration is obtainable from the City Power’s website/Commodity Managers and the abovementioned contact person).

2. Calculation of points for B-BBEE status level of contributor

<table>
<thead>
<tr>
<th>B-BBEE Status Level of Contributor</th>
<th>Number of points (90/10 system)</th>
<th>Number of points (80/20 system)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Non-compliant contributor</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Name, Date & Signature of Supplier (Person responsible for the Quote) | Name: | Signature: | Date |
|-------------------------------------------------------------------|-------|------------|------|
Please supply the following documents to enable us to evaluate your submission:
1. Valid Tax Clearance Certificate
2. Valid BBBEE Certificate
3. Signed Declaration of Interest form (MBD4)
4. Proof of registration with Central Supplier Data base
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.

3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

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 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

3.7 Have you been in the service of the state for the past 12 months YES / NO

*MSCM Regulations: “in the service of the state” means to be –

(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.
3.7.1 If so, furnish particulars.


3.8 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 this bid? YES / NO


3.8.1 If so, furnish particulars.


3.9 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 this bid? YES / NO


3.9.1 If so, furnish particulars


3.10 Are any of the company’s directors, managers, principle shareholders or stakeholders in service of the state? YES / NO


3.10.1 If so, furnish particulars.


3.11 Are any spouse, child or parent of the company’s directors, managers, principle shareholders or stakeholders in service of the state? YES / NO


3.11.1 If so, furnish particulars.


CERTIFICATION

I, THE UNDERSIGNED (NAME)  …………………………………………………………………………………

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

…………………………………………………………………………………

Signature                  Date

…………………………………………………………………………………

Position                  Name of Bidder