PART A

 **MBD 1**

**INVITATION TO BID**

|  |
| --- |
| **YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE WSLM** |
| BID NUMBER: |  | CLOSING DATE: |  | CLOSING TIME: | 12:00 |
| DESCRIPTION |  |
| **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7).** |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT *(STREET ADDRESS* |  |  |
| **NO 1 JAN GREYLING STREET** |
| **BURGERSDORP** |
| **9744** |
|  |
| **SUPPLIER INFORMATION** |
| NAME OF BIDDER |  |
| 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: |  |
| VERIFICATION CERTIFICATESBLACK OWNED, YOUTH, WOMEN, DISABLED, LOCALITY, MILITARY VETERANS[TICK APPLICABLE BOX | [ ]  Yes  [ ]  No | B-BBEE STATUS LEVEL OR SWORN AFFIDAVIT  | [ ]  Yes [ ]  No |
| ***[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]*** |
| ARE YOU THE ACCREDITED REPRESENTATIVE **IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?** | [ ] Yes [ ] No [IF YES ENCLOSE PROOF] | ARE YOU A FOREIGN BASED SUPPLIER FOR **THE GOODS /SERVICES /WORKS OFFERED?** | [ ] Yes [ ] No[IF YES, ANSWER PART B:3] |
| **TOTAL NUMBER OF ITEMS OFFERED** |  | **TOTAL BID PRICE** | **R** |
| **SIGNATURE OF BIDDER** | ……………………………… | **DATE** |  |
| **CAPACITY UNDER WHICH THIS BID IS SIGNED** |  |
| **BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:** | **TECHNICAL INFORMATION MAY BE DIRECTED TO:** |
| DEPARTMENT | SCM DEPARTMENT | CONTACT PERSON |  |
| CONTACT PERSON |  | PHONE NUMBER |  |
| TELEPHONE NUMBER |  | FACSIMILE NUMBER |  |
| FACSIMILE NUMBER |  | E-MAIL ADDRESS |  |
| E-MAIL ADDRESS |  |  |