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 CERTIFICATES  BLACK 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 | |  | | | |  | | | | | | | | | | |