



OFFICE OF THE VALUER-GENERAL

OFFICE OF THE VALUER GENERAL

3rd Floor, 267 Praetor Building, Lillian Ngoyi Street, Pretoria, 0002

Private Bag X 812, Pretoria, 0001; Tel: 060 582 1281; www.ovg.org.za

REQUEST FOR QUOTATION (RFQ)

See attached Terms of Reference

RFQ NO: OVG 1 (001) 2023/24

CLOSING DATE: 27 JUNE 2023 TIME: 11H00 AM

1. Quotations should be emailed to gobusamang.sekwale@ovg.org.za & kehilwe.seatholo@ovg.org.za no later than the closing date and time indicated above.
2. The validity period of your quote is: (Tick applicable box)

60 days		90 days		120 days		
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3. Please indicate your delivery period: _____ working days
4. Is the delivery period firm: Yes / No (delete which is not applicable)?
5. Is/are the price(s) firm for the duration of the contract: Yes / No (delete which is not applicable)
6. Only firm prices will be accepted. Non-firm prices (including prices subject to rates of exchange variations) will not be considered.
7. Is the offer strictly to specifications: Yes / No (delete which is not applicable)?
8. If not to specifications, state deviation(s): _____
9. Registration on Central Supplier Database (CSD) prior to submitting quotation is a mandatory requirement of this RFQ. Quotations received from none CSD suppliers will be disqualified. Please indicate your CSD Number below:

CSD No.		SARS Tax Status PIN.	
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10. You are not required to submit hard copy of Tax Clearance Certificate however the Overall Tax Status for all price quotations will be accessed and verified on CSD or SARS eFiling prior to award. No price quotation may be awarded to persons who are not tax compliant.
11. The banking information (bank and account name and number) which correspond with that on CSD must also be submitted with the quotation as failure to do so may disqualify your quotation.
12. All prices must be VAT inclusive, if no indication is given, prices will be evaluated as inclusive.
13. No Quotations received after the closing date and time will be accepted without prior arrangement with the sender. It is the responsibility of the tenderer to verify receipt of any faxes and emails forwarded to this office.
14. **NB:** If you are unable to quote, please fax or email or hand deliver this page back to the sender as a no quote and state the reason below. Failure to furnish the reason(s) may lead to your company being removed from the commodity on the supplier database:

15. This RFQ is subject to the National Treasury General Conditions of Contract of July 2010 unless otherwise stated by the issuer.
16. Please fill in the attached **SBD 3,3 (Pricing Schedule) and SBD4 (Bidders' disclosure)** Forms and submit with your price quotation. Failure to attach these completed and duly signed forms will result in quote not being considered.
17. This Request for Quotation must be completed and be accompanied by an official quotation and relevant SBD forms.
18. If you have not been contacted within 30 days after the closing date of this request, kindly accept that your quotation was unsuccessful.

I/we agree that the offer herein shall remain binding upon me/us and open for acceptance by Office of the Valuer General during the validity period indicated and calculated from the closing date and time stated above.

Signature of Tenderer

Name and Capacity

Date



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Private Bag X 812, Pretoria, 0001; Tel: 012 360 0000; Email: vg@ovg.org.za

SPECIFICATIONS

Translate the Office of the Valuer-General PAIA Manual in two other official languages

1. Document

Office of the Valuer General PAIA Manual

Document type: Legal

Source Language: English

Source type: soft copy

Pages: 15 (inclusive of cover page)

Word count: 2934

(Inclusive of the Logo which reads Office of the Valuer-general)

Languages

Sesotho

IsiZulu

2. Editing

3. Delivery

Soft Copy delivery via e-mail (No delivery fee required)

4. Any other expenses

e.g. Administration fee

Compiled By: Matsela Mbedzi

Signature:

Date: 17/04/2023

PRICING SCHEDULE: TRANSLATION OF THE PAIA MANUAL IN TWO OTHER OFFICIAL LANGUAGES FOR OFFICE OF THE VALUER GENERAL

PRICING SCHEDULE
(Purchase)

NAME OF SERVICE PROVIDER:		
RFQ No: OVG 1 (001) 2023/24	CLOSING DATE: 27 JUNE 2022	CLOSING TIME: 11:00 AM

PHYSICALL ADDRESS:

CONTACT DETAILS:

TEL: _____

CELL: _____

FAX: _____

E-MAIL: _____

Reg. Number: _____

Tax Number: _____

VAT Number: _____

Contact Person: _____

MY QUOTATION IS AS FOLLOWS:

No.	Item Description	Unit Price Including VAT	Quantity	Total Price Including VAT
1	Translate the Office of the Valuer-General PAIA Manual in two official languages (Sesotho & Isizulu) (As per the attached Specification)	R	1	R
2.	Editing	R	1	R
3.	Any other expenses e.g., Administration fee	R	1	R
TOTAL PRICE ALL INCLUSIVE		R		

Soft Copy delivery via e-mail (No delivery fee required)

NB: THE SUPPLIER MUST QUOTE AS PER THE ATTACHED SPECIFICATION

Initials

Date:

**PRICING SCHEDULE: TRANSLATION OF THE PAIA MANUAL IN TWO OTHER OFFICIAL LANGUAGES
FOR OFFICE OF THE VALUER GENERAL**

BANK DETAILS:

ACCOUNT HOLDER NAME: _____

BANK NAME: _____

ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____

BRANCH CODE: _____

DELIVERY PERIOD: _____ DAYS

QUOTATION EXPIRY DATE: _____

SIGNATURE OF AUTHORISED PERSON: _____

NAME: _____

DESIGNATION: _____

DATE: _____

Initials

Date:

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. Bidder's declaration

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State institution

2.2 Do you, or any person connected with the bidder, have a relationship

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....
.....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1 If so, furnish particulars:

.....
.....

3 DECLARATION

I, _____ the _____ undersigned, (name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring

² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

- 3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature Date

.....
Position Name of bidder



SAGE

Office

System User Only	
Captured By:	
Captured Date:	
Authorized By:	
Date Authorized:	
Safety Web Verification	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Office of the Valuer General

I/We hereby request and authorize you to pay any amounts which may accrue to me/us to the credit of my/our account with the mentioned bank. I/we understand that the credit transfers hereby authorized will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that not additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days' notice by prepaid registered post. Please ensure information is valid as per required bank screens.

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Company / Personal Details	
Registered Name	
Trading Name	
Tax number	
Vat Number	
Title	
Initials	
First Names (as per id)	
Surname	

Address Detail	
Postal Address Line 1	
Postal Address Line 2	
Physical Address Line 1	
Physical Address Line 2	
Postal Code	

New Supplier Information		Update Supplier Information	
<input type="checkbox"/>		<input type="checkbox"/>	
Supplier Type	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> CC <input type="checkbox"/> Partnership	Department <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>	Department Number <input type="text"/> Other Specify <input type="text"/>

Supplier Account Details

(This field is compulsory and should be completed by a bank official from the relevant bank).

Account Name			
Account Number			
Branch Name Branch			
Number			
Account Type	<input type="checkbox"/>	Cheque/Current Account	
	<input type="checkbox"/>	Savings Account Transmission	
	<input type="checkbox"/>	Account Bond Account	
	<input type="checkbox"/>	Other (Please Specify)	
ID Number	<input type="checkbox"/>	<input style="width:150px;" type="text"/>	
Passport Number			
Company Registration Number			
*CC Registration			
* Please include CC/CK where applicable			
Practise Number			
<p>When the bank stamps this entity maintenance form, they confirm that all the information completed by the entity is correct.</p>	Bank stamp		
	<p>It is hereby confirmed that this detail has been verified against the following screens ABSA-CIF screen FNB-Hogan's system on the CIS4 STD Bank-Look-up-screen Nedbank- Banking Platform under the Client Details Tab</p>		

Contact Details

Business			
Home Fax	<i>Area Code</i>	<i>Telephone Number</i>	<i>Extension</i>
Cell	<i>Area Code</i>	<i>Telephone Number</i>	<i>Extension</i>
	<i>Area Code</i>	<i>Telephone Number</i>	
	<i>Cell Code</i>	<i>Cell Number</i>	
E-mail Address			
Contact Person			

	Supplier details	Organization sender details	
Signature			<p><i>Address of the Office of the Valuer General where form is submitted from:</i></p>
Print Name			
Rank			
Date (dd/mm/yyyy)			