

RE-ADVERTISEMENT: REQUEST FOR QUOTATION OPS 04/2018

OCCUPATIONAL MEDICALS

1. Background

The Durban International Convention Centre (Durban ICC) was built as a catalyst for economic impact and job creation. The complex is known as the Inkosi Albert Luthuli Complex and comprises of the Durban ICC Arena, Convention Centre and Exhibition Centre.

This multi-award winning Centre has been voted Africa's Leading Meetings and Conference Centre by the World Travel Awards for the 16th time and has been rated amongst the World's Top 15 Convention Centres by the International Association of Convention Centres (AIPC).

2. Purpose

The Durban ICC requires a service provider for the provision of Occupational medicals for the various staff members.

3. Occupational Medicals List

The Occupational medicals will be required for the following:

- 3.1 Working in a cold room
- 3.2 Working at heights
- 3.3 Hepatitis B
- 3.4 Basic Medical
- 3.5 Forklift driver
- 3.6 Cherry Picker driver

4. Mandatory Requirement:

Does the service provider comply with the mandatory requirement? Please acknowledge as illustrated	Yes	No
	✓	X
4.1 The service provider must be an accredited medical professional to provide the required occupational medical tests. Kindly attach proof		

Service providers who fail to comply with the mandatory requirement will not be considered for further evaluation.

5. Preconditions

A written proposal/quotation will not be considered unless the service provider who submits the quotation provides the following with their proposal/quotation:

- Full name.
- Identification or company or other registration number.
- Tax reference number and VAT number, if any.
- Valid original Tax Clearance Certificate from the South African Revenue Services which proves that the service provider's tax matters are in order.
- Valid BBBEE Certificate.
- MBD 4 Declaration of Interest form must be completed.
- Statement that the company's water, electricity and rates are up to date or formal payment arrangements have been made.
- The service provider must be registered on the CSD database. Please submit proof of registration.

6. Contact Person

Ebrahim Yusuf – Health and Safety Officer
 Tel: 031 360 1329
 Email: ebrahimy@icc.co.za

7. Closing Date

Proposals, together with this document and supplier registration forms are to be placed in a sealed envelope marked for the attention of the Procurement Department and are to be placed in the Tender Box at the Durban ICC security entrance on the ground floor, 45 Bram Fischer Road Durban before **12h00, on 05th February 2018.**

8. Compulsory Pricing Schedule (form of offer)

Description	Estimated number of patients	Cost per test	Total (est. no of patients x cost per test)
1. Working in a cold room	6	R	R
2. Working at heights	28	R	R
3. Hepatitis B	3	R	R
4. Basic Medical	1	R	R
5. Forklift driver	20	R	R
6. Cherry Picker driver	20	R	R
<i>Kindly note: the number of patients may be subject to change at time of award</i>	Total (VAT excl.)		R
	VAT @ 14%		R
	Total (VAT Incl.)		R


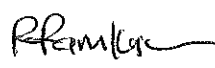


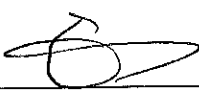
I.....being duly authorized thereto by do hereby confirm that the information contained herein is true and correct and acknowledge that, should it be established that any of the information contained herein is false and incorrect; my company may be disqualified from quoting to the Durban ICC.

Signature:

Date:

Note: Failure of a Service Provider to complete and sign this page will invalidate the quotation

9. Request for Quotation approved by:

	
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Operations Director Mduuzi Ngubane	
	22/01/2018
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SCM Compliance Officer Ritesh Ramkissoon	
	22/01/2018
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SCM Manager Thenashree Naidoo	
	23/1/18
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Finance Director Melanie Rambally	
	23/1/18
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Chief Executive Officer Lindiwe Rakharebe	

10. Past experience in similar assignments

Assignment Description	Key Elements	Date Completed	Contact Person and Telephone Number	Assignment Value

I.....being duly authorized thereto bydo hereby confirm that the information contained herein is true and correct and acknowledge that, should it be established that any of the information contained herein is false and incorrect, my company may be disqualified from quoting to the Durban ICC.

Name: *(Block Capitals)* _____

Signature: _____ Date: _____



11. Declaration of Municipals Fees

I, the undersigned, do hereby declare that the Municipal fees of

.....
 (Full name of Company / Close Corporation / partnership / sole proprietary/Joint Venture)

(hereinafter referred to as the TENDERER) are, as at the date hereunder, fully paid or an Acknowledgement of Debt has been concluded with the Municipality to pay the said charges in instalments.

The following account details relate to property of the said TENDERER:

<u>Account</u>	<u>Account Number:</u> to be completed by tenderer.
Consolidated Account No.	<input type="text"/>
Electricity	<input type="text"/>
Water	<input type="text"/>
Rates	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>

I acknowledge that should the aforesaid Municipal charges fall into arrears, the Municipality may take such remedial action as is required, including termination of any contract, and any payments due to the Service provider by the Municipality shall be first set off against such arrears.

- Where the TENDERER'S place of business or business interests are outside the jurisdiction of eThekweni Municipality, a copy of the accounts/agreements from the relevant municipality must be attached (to the back inside cover of this document).
- Where the tenderer's Municipal Accounts are part of their lease agreement, then a copy of the agreement, or official letter to that effect is to be attached (to the back inside cover of this document).

NAME : (Block Capitals)

SIGNATURE : DATE:
 (of person authorised to sign on behalf of the Tenderer)

12. MBD4 Declaration of Interest

- 12.1 No bid will be accepted from persons in the service of the state¹.
- 12.2 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.
- 12.3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

12.3.1 Full name of bidder or his/her representative

12.3.2 Identity number:

12.3.3 Position occupied in the Company (director, trustee, shareholder²):

12.3.4 Company Registration Number:

12.3.5 Tax Reference Number:

12.3.6 VAT Registration Number:

12.3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

References:

¹ *MSCM Regulations: "in the service of the state" means to be –*

- (a) *a member of –*
- *any municipal council*
 - *any provincial legislature*
 - *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;*
- (f) *an employee of parliament or a provincial legislature.*

² *"Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.*

12.3.8 Are you presently in the service of the state?
 If yes, furnish particulars:

YES	NO
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12.3.9 Have you been in the service of the state for the past twelve months?
 If yes, furnish particulars:

YES	NO
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12.3.10 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?
 If yes, furnish particulars:

YES	NO
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12.3.11 Are you aware of any relationship (family, friend, other) between any
 other bidder and any persons in the service of the state who may be
 involved with the evaluation and/or adjudication of this bid? If yes,
 furnish particulars:

YES	NO
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12.3.12 Are any of the company's directors, trustees, managers, principal
 shareholders or stakeholders in service of the state?
 If yes, furnish particulars:

YES	NO
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12.3.13 Is any spouse, child or parent of the company's directors, trustees,
 managers, principal shareholders or stakeholders in service of the
 state? If yes, furnish particulars:

YES	NO
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12.3.14 Do you or any of the directors, trustees, managers, principal
 shareholders or stakeholders of this company have any interest in
 any other company or business whether or not they are bidding for
 this contract? If yes, furnish particulars:

YES	NO
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13. Full details of directors / trustees / members / shareholders

Full Name	Identity Number	State Employee No.

Signature

Date

Capacity

Name of Bidder