



**REQUEST FOR QUOTATION – IT 13/2020**

**RENEWAL OF SOPHOS SG310 UTM FULLGUARD BUNDLE WITH TECHNICAL SUPPORT**

**1. Background**

The Durban ICC is one of the most advanced conferencing facilities in the world and hosts a variety of events including conferences, meetings, exhibitions, concerts and private events both on a National and International level.

**2. Purpose**

The Durban ICC requires a service provider for the renewal of the Sophos SG 310 UTM Full Guard bundle package inclusive of technical support, for a period of 12 months.

**3. Compulsory pricing schedule (official form of offer)**

Description of Item	No. of months	Monthly Cost	Total (No. of months x monthly cost)
SG 310 Full Guard - 12 MOS with technical support <b>PART NUMBER - FG311CTAA</b>	12 Months	R	R
Please state any additional costs:			R
<b>Subtotal (VAT excl.)</b>			R
<b>VAT @ 15%</b>			R
<b>Grand total (VAT incl.)</b>			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**

**4. Preconditions**

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

- 4.1 Full name
- 4.2 Identification or company or other registration number
- 4.3 Tax reference number and VAT number, if any
- 4.4 Valid original Tax clearance from South African Revenue Services which proves that the providers tax matters are in order
- 4.5 Valid BBBEE Certificate
- 4.6 MBD 4 Declaration of Interest form must be completed
- 4.7 The service provider must be registered on the CSD database and EThekwini Vendor Portal. Proof of registration needs to be submitted. Failure to be registered on these databases will adversely affect the awarding process and may result in the service provider being deemed non-responsive.

**CSD registration website:** <https://secure.csd.gov.za>

**EThekwini Vendor Portal registration:** <https://ethekwinvendor.durban.gov.za>

Or contact 031 322 7011 / 7154

[Fatima.milazi@durban.gov.za](mailto:Fatima.milazi@durban.gov.za) / [phumla.mdabe@durban.gov.za](mailto:phumla.mdabe@durban.gov.za)



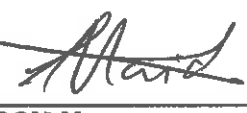
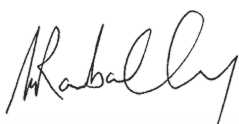

**5. Contact Person**

Ritesh Ramkisson  
Tel: +27 31 360 1125  
riteshr@icc.co.za  
SCM Compliance Officer

**6. Closing Date**

Quotations, 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 20<sup>th</sup> July 2020.**

7. Request approved by:

	P.P	07.07.2020
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<b>Facilities Director</b> <b>Siphiwe Khuzwayo</b>		
	Ramkissoon	08/07/2020
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<b>SCM Compliance Officer</b> <b>Ritesh Ramkissoon</b>		
	Naidoo	09/07/2020
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<b>SCM Manager</b> <b>Thenashree Naidoo</b>		
	Rambally	9 July 2020
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<b>Chief Financial Officer</b> <b>Melanie Rambally</b>		
	Rakharebe	09 July 2020
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<b>Chief Executive Officer</b> <b>Lindiwe Rakharebe</b>		



**8. Past experience in similar assignments**

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

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.

**Name: (Block Capitals)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. 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: to be completed by tenderer.</u>
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)

**10. MBD4 Declaration of Interest**

- 10.1 No bid will be accepted from persons in the service of the state<sup>1</sup>.
- 10.2 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.
- 10.3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
- 10.3.1 Full name of bidder or his/her representative .....
- 10.3.2 Identity number: .....
- 10.3.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):  
.....
- 10.3.4 Company Registration Number: .....
- 10.3.5 Tax Reference Number: .....
- 10.3.6 VAT Registration Number: .....
- 10.3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

*References:*

<sup>1</sup> 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.

<sup>2</sup> "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.

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

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

YES	NO
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10.3.10 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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10.3.11 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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10.3.12 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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10.3.13 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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10.3.14 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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11. Full details of directors / trustees / members / shareholders

Full Name	Identity Number	State Employee No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Name of Bidder