

## Checklist

**TENDER / QUOTATION NUMBER: P11/24 Hair Care Kit**

	Doc number	Description	Received	Submitted & Signed Please sign & complete on all pages	
1		Index			
2	740.62.6	Invitation to Bid - SBD 1		Completed & signed on pg 2	
3	740.46.2	Standard Bid Conditions		Completed on pg 1 7 & signed on pg 7	
4	740.17.5	Specification list / Pricing Schedule - Firm prices - SBD 3.1		Complete business info on p1	
5	740.45.3	Evaluation Criteria for Services		Completed & signed on pg 1-6	
6	740.73.1	Quality Benchmark Checklist		Completed & signed on pg 1	
7	740.42.6	Declaration of interest – SBD 4		Completed on pg 1-4 & signed on pg 4	
8	740.47.5	Preference points claim form – SBD 6		Completed on pg 4-6 & signed on pg 6	
9	740.48.3	Declaration of bidder's past Supply Chain Management Practices – SBD 8		Completed on pg 1 + 2 & signed on pg 2	
10	740.41.3	Confirmation of Banking details		Completed & signed	
11	740.49.3	Certificate of Independent Bid Determination – SBD 9		Completed on pg 2 + 3 & signed on pg 3	
12	740.43.8	Application to register on database of service providers		Completed on pg 1-8 & signed on pg 8	
<b>DOCUMENTS REQUIRED</b>					
Valid Tax PIN (or proof of application) COMPULSORY					
Valid B-BBEE certificate or proof of EME status					
Latest municipal account (to confirm address + existence of provider, and any indebtedness to the state)					
CIDB grading (if applicable)					
Full CSD Report					

**TAKE NOTE:** Unsigned documents **will be** invalid.  
It is the responsibility of the tenderer to check **expiry dates**.  
The college **will not** re-request documents that have expired.

Representative Name: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_