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Approved by:	Council	Issue Date:	12/03/2015	Rev:	3	16/07/2020



## **CHECKLIST**

**Checklist** 

## TENDER / QUOTATION NUMBER: P13-25 PPE

	Doc number	Description	Received	Submitted & Signed Please sign & complete on all pages
1		Index		Please follow the index for the order of the documents in your submission.
2	740.62.6	Invitation to Bid - SBD 1		Completed & signed on pg 2
3	740.46.4	Standard Bid Conditions		Completed and signed on pg 7
4	740.17.5	Specification list / Pricing Schedule - Firm prices - SBD 3.1		Complete business info on p1. Pricing offered to be completed by hand on the Excel document
5	740.45.3	Evaluation Criteria for Services		Used as reference to check if all proof of evidence are submitted
6	740.42.6	Declaration of interest – SBD 4		Completed on pg 1-4 & signed on pg 4
7	740.47.5	Preference points claim form – SBD 6	XX	Completed on pg 4-6 & signed on pg 6
8	740.48.3	Declaration of bidder's past Supply Chain Management Practices – SBD 8	S	Completed on pg 1 + 2 & signed on pg 2
9	740.41.4	Confirmation of Banking details		Completed & signed. Also attach official proof from bank
10	740.49.3	Certificate of Independent Bid Determination – SBD 9		Completed on pg 2 + 3 & signed on pg 3
11	740.43.9	Application to register on database of service providers		Completed on pg 1-8 & signed on pg 8
12		Dti Local content Booklet		
13		Local content Doc 03 SBD6.2		
14		Local content Annexure C		
15		Local Content Annexure D		
16	/D.	Local Content Annexure E		

DOCUMENTS REQUIRED				
Valid Tax PIN (or proof of application) <b>COMPULSORY</b>				
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 - COMPULSORY				
Any other proof of evidence as requested in 740.45.3 – Evaluation criteria for Services				
Declaration on local content COMPULSORY				

**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:
Cimatura	
Signature:	Date:

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