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



CHECKLIST

Checklist

TENDER / QUOTATION NUMBER: P18-25 Steel

	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	1	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		Completed on pg 4-6 & signed on pg 6
8	740.48.3	Declaration of bidder's past Supply Chain Management Practices – SBD 8		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	177.	Local Content Annexure E		

DOCUMENTS REQUIRED	
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 - 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:
Signature:	Date:

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