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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|-------------|------------|------|-------------|
|  <b>higher education &amp; training</b><br>Department:<br>Higher Education and Training<br>REPUBLIC OF SOUTH AFRICA | Ref No:          | 740.52.3_checklist |             |            |      | Page 1 of 1 |
|                                                                                                                                                                                                     | Approved by:     | Council            | Issue Date: | 12/03/2015 | Rev: | 3           |
|                                                                                                                                                                                                     | <b>CHECKLIST</b> |                    |             |            |      |             |


**Flavius Mareka**  
**TVET**  
**College**  
 Embrace your Future

## Checklist

**TENDER / QUOTATION NUMBER:      P21-25 Cater K**

|                                                                                                          | Doc number | Description                                                            | Received | Submitted & Signed<br>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                                                                                                        | 740.75.2   | 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                                   |          | 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                                                        |
| <b>DOCUMENTS REQUIRED</b>                                                                                |            |                                                                        |          |                                                                                             |
| 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 - <b>COMPULSORY</b>                                                                      |            |                                                                        |          |                                                                                             |
| Any other proof of evidence as requested in 740.45.3 – Evaluation criteria for Services                  |            |                                                                        |          |                                                                                             |

**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: \_\_\_\_\_