INTRODUCTION AND GUIDELINES

The purpose of this database form is to give all current and prospective service providers, an equal opportunity to submit quotations to the University for the Supply of goods, services and works. Preference will be given to CPUT registered service providers however service providers who are not yet registered will not be excluded from quoting to the Cape Peninsula University of Technology (CPUT). It is envisaged that this database will contribute to the efficient administration, management and compliance with the governing legislations in terms of collecting, processing and storage of information with regard to POPIA ACT and PPPFA Act.

Information in this official registration form is required to assist CPUT in establishing our vendor database list according to procurement requirements and legislation. It is imperative that service providers read the application document carefully, complete it in full, sign it and have compliance documents commissioned by an authorized Commissioner of Oaths where required. Failure to do so will result in the applicant not qualifying for registration.

Supplier/s registered on CPUT vendor database must notify CPUT of any changes in relation to information provided in the initial application form. Failure to do so may result in such service provider being removed/made non-active from the database and/or the cancellation of contracts awarded to the service provider, on the basis of misrepresentation or outdated information.

Service providers providing incorrect or fraudulent information in their application form will be disqualified from bidding and removed from the database, in addition to any other action CPUT may institute against such a supplier. Further, in the event of the CPUT being prejudiced financially, it reserves the right to take legal action against the supplier. Any alterations made by the applicant must be initialled.

NB: The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.

Vendors may send their interest to be registered on the Database and Queries to the Central Vendors email: Vendors@cput.ac.za: to request invitation to register on the Online Vendor Database OR

Procurement Manager: Mr Sivuyile Xekethwane: Tel (021) 959 4349: Email: XekethwaneS@cput.ac.za.

NB: Incomplete forms will not be considered for inclusion onto the Supplier/Vendor Database.

In accordance with the Protection of Personal Information Act (POPIA), we need to confirm that you would like to continue receiving our mailers regarding vendor applications, quotations and purchase orders and contracts.

To help us comply with POPIA, if you change your mind, you can always opt out at any time by notifying CPUT via email to Vendors@cput.ac.za and request to be removed.

CPUT is committed to protecting the personal information of its members, suppliers and tenants to ensure that personal information is exclusively processed on a lawful basis.
Terms of Reference for registration onto CPUT’s Vendor database

1. **REGISTRATION**
   1.1 CPUT is implementing a Vendor Database to ensure that they have sufficient qualified vendors to provide goods and services as and when required.
   1.2 Vendors that wish to register should complete this application form in full.

2. **Database Registration:**
   2.1 Vendors that have been registered onto the database may have the opportunity to bid or quote on CPUT’s acquisition requirements. Registration onto the Vendor Database does not guarantee business but provides opportunities for competition as all acquisitions will be subject to the competitive processes in terms of Supply Chain Management Policy of CPUT.
   2.2 **NB:** The University reserves the right to accept or reject any application.

3. **Maintenance of Database:**
   3.1 CPUT will update vendor information on an ongoing basis. Vendors that have registered onto the Database should ensure that they furnish CPUT with any changes to the status of the information initially provided, as and when the information changes. It is the service provider’s responsibility to ensure that the information reflected on the database is correct and up to date at all times.
   3.2 Annual update of the service providers: SARS Tax Compliance Pin, BBBEE Compliance Certificates, CIDB, Certificate of Good Standing (COIDA), etc. must be submitted to the University prior to the expiry of the previously submitted documents.
   3.3 Service Providers with expired documentation will not be considered for the University quotations and RFQ’s and will be deactivated until their documents are updated.

4. **Performance and Monitoring:**
   Service Providers registered onto the database will be continuously monitored for their performance on work/contracts awarded to them by CPUT. This continuous monitoring process will form the basis of performance evaluation and conduct which will have an impact on future opportunities with the University.

5. **Confidentiality and Service Providers Conduct**
   All information provided by vendors for registration purposes will remain confidential and will only be of use by CPUT unless otherwise required by law.
   Service Providers are required to conduct business with CPUT in an ethical and professional manner, report any illegal practices, fraudulent or unbecoming behaviour that may negatively affect the image of the Institution and their company in terms of procurement to the University.

6. **Vetting**
   All Service Providers on CPUT Database will be subject to vetting by reputable vetting companies (3rd Parties) in terms of their business status, conflict of interests and any other legal requirements in terms of CPUT procurement processes.
   **NB:** Vendors with negative vetting results in terms of CPUT requirements will not be included on the database.

7. **Payment Terms**
   CPUT payment terms are 30 days after statement on receipt of a valid invoice/tax invoice on completion of services, delivery of goods and/or equipment’s.
IMPORTANT INFORMATION

Please note that registration on the CPUT Database does not guarantee the receipt of business.

8. NB: CPUT Terms and Conditions:

8.1 Suppliers are not allowed to deliver any goods or services without CPUT official purchase order or appointment letter by Procurement.

8.2 Please deliver the following goods to the CPUT Central Receiving Stores and Departments only.

8.3 Goods/Services will not be received unless a duly completed delivery note/invoice including the CP number (Purchase Order number) is submitted with all deliveries.

8.4 Purchase orders may not be amended by enduser’s/service providers.

8.5 Payment of goods/services received will be made on 30 days’ statement by Finance on receipt of a valid invoice/tax invoice.

8.6 CPUT Purchase Order number and VAT number must be indicated on the invoice/tax invoice.

NB: 8.7 By accepting CPUT’s purchase order, the service provider agree to the terms & conditions and confirms that there is no conflict of interest or collusion with other companies.

9. Required Information:

Please ensure that all certified copies(where required), mandatory documents below required as per your business type are attached to your Vendor application form. If the required documents are not attached, or if the form is not completed in full, your application form will not be considered.

10. A Company profile
A brief overview of the business services/offerings, size of business, Annual turnover, contactable references, products and or services(maximum of three (03) commodities) offered and Management structure.

11. Tax Compliance Pin
A valid Tax Compliance Pin from SARS must be submitted. The validity period of a Tax Compliance Pin is 12 months from date of issue & Tax compliant will be considered every time a service provider is recommended for award. Please ensure that CPUT is always in possession of your valid Tax Compliant Pin and failure to update will result in your company being deactivated on the system without further notification.

12. Company Registration Documents (CIPC) with all Directors information.


14. BBBEE Certificate
Please provide proof of certificate issued by an approved Rating Agency or An affidavit as per BBBEE Act Amendment stating Ownership percentage (%) and BBBEE status level. This applies to all companies including CIPC Sole Proprietors and business with an income of less that R 10 million per year.

15. Owners, Shareholders:
Please provide proof and details of individual shareholding.

16. Certificates of Registration
Please include the valid copies/certified copies of registration/s relevant to your Industry/Commodities.

NB: All companies with one or more employees must be registered with the Department of Labour.

16.1 Contractors Registration Certificate as issued by the Construction Industry Development Board(CIDB)
16.2 Certificate of Registration from The Security Officer’s Board/ (PSIRA);
16.3 Certificate of Good Standing from Department of Labour (COIDA) and its appointed Agencies;
16.4 Quality Management System (QMS) Certification e.g.; ISO9000:2000;
16.5 Environmental Management System e.g.; ISO 14001;
16.6 Safety Management System e.g.; OSHA 18001;
16.7 Registration and Certification from Financial Services Boards and Authorities, etc.
17. **Amendments**: Please notify CPUT immediately of any changes to the verified information submitted.

**CIPC REGISTERED BUSINESSES (Please tick relevant box)**

<table>
<thead>
<tr>
<th>Documents Required</th>
<th>Sole Proprietor</th>
<th>Co-operatives</th>
<th>Co-operatives</th>
<th>Public Company</th>
<th>Non-Profit Organizations NPO</th>
<th>Close and Private Corporation</th>
<th>Where to find documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Registration</td>
<td>ID Copies</td>
<td>Registration Certificates</td>
<td>Partnership Agreement</td>
<td>Certificate of Incorporation CM3</td>
<td>Certificate of Incorporation Section 21</td>
<td>Certificate of Incorporation CK1</td>
<td>Register of Close Corporations &amp; Companies</td>
</tr>
<tr>
<td>Valid Tax Compliance Pin</td>
<td>Owner of the Business</td>
<td>Co-operative Agreement</td>
<td>For the company</td>
<td>For the NPO</td>
<td>For the close corporation</td>
<td>SARS</td>
<td></td>
</tr>
</tbody>
</table>

**19. VENDOR INFORMATION**

19.1 Name of Company : …………………………………………………………………………………………………………………

19.2 Postal Address : …………………………………………………………………………………………………………………

: ……………………………………………………………………………………………………………………………………..

: …………………………………………………………………………………………………………………………………….. Postal Code: …………………………………………………………………………………………………………………

19.3 Physical Address : …………………………………………………………………………………………………………………

: ………………………………………………………………………………………………………………………………………

: ……………………………………………………………………………………………………………………………………… Postal Code: …………………………………………………………………………………………………………………

19.4 Tel. Number : Code………………………… Number: …………………………………………………………………………………………………………………

19.5 Fax to email/Number : Code………………………… Number: …………………………………………………………………………………………………………………

Cell Number : …………………………………………………………………………………………………………………

19.6 Email Address : …………………………………………………………………………………………………………………

19.7 Website : ……………………………………………………………………………………………………………………………………………

19.8 **Banking Details**: …………………………………………………………………………………………………………………

Bank Name : ………………………………………………………………………………………………………………………………………

Bank Branch: ………………………………………………………………………………………………………………………………………

Bank Account number : ………………………………………………………………………………………………………………………………………

Account type : ………………………………………………………………………………………………………………………………………
19.9 Details of Statement

Date of Statement : ..............................................................................................................................

Discount : ........................................................................................................................................

CPUT Payment Terms
Are 30 days after statement submitted)

19.10 Company Registration : .............................................................................................................

19.11 VAT Registration Number: ........................................................................................................

19.12 Business Commencement date: ................................................................................................

19.13 Duration in Current Industry: ....................................................................................................

19.14 Name other Tertiary Institution that makes use of your service or products:

..........................................................................................................................................................

19.15 Are you a preferred supplier to any other organization (providedetails)?

..........................................................................................................................................................

19.16 Did you previously supply goods or services to CPUT (proviedetails)

..........................................................................................................................................................

19.17 REFERENCES

Clients 1:

Company’s Name : .............................................................................................................................

Postal Address : .................................................................................................................................

: .................................................... Postal Code: .....................................................

Contact Person : ...............................................................................................................................

Designation : ....................................................................................................................................

Tel Number : Code............................ Number: .................................................................

Approximate Annual Value of Business: R......................................................................................

REFERENCES 2:

Clients 2:

Company’s Name : .............................................................................................................................

Postal Address : .................................................................................................................................

: .................................................... Postal Code: .....................................................

Contact Person : ...............................................................................................................................

Designation : ....................................................................................................................................

Tel Number : Code............................ Number: .................................................................

Approximate Annual Value of Business: R......................................................................................
19.18 TYPE OF FIRM (PLEASE TICK WITH AN X)

<table>
<thead>
<tr>
<th></th>
<th>Type of Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public Company</td>
</tr>
<tr>
<td>2</td>
<td>Private Company</td>
</tr>
<tr>
<td>3</td>
<td>Closed Corporation</td>
</tr>
<tr>
<td>4</td>
<td>Joint Venture</td>
</tr>
<tr>
<td>5</td>
<td>Consortium</td>
</tr>
<tr>
<td>6</td>
<td>Sole Proprietor</td>
</tr>
<tr>
<td>7</td>
<td>Partnership</td>
</tr>
<tr>
<td>8</td>
<td>Trust</td>
</tr>
<tr>
<td>9</td>
<td>Section 21 Company</td>
</tr>
<tr>
<td>10</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

20. MAIN CONTACT PERSON IN YOUR COMPANY
Name: ...............................................................................................................
Designation: ..........................................................................................................Tel: ...........................................................................................................................
Fax: ...........................................................................................................................
Email Address: ........................................................................................................

20.1 CONTACT PERSON IN YOUR COMPANY FOR PURPOSE OF OBTAINING QUOTATIONS
Name: ...............................................................................................................
Designation: ..........................................................................................................Tel: ...........................................................................................................................
Fax: ...........................................................................................................................
Email Address: ........................................................................................................

21. DETAILS OF SHAREHOLDING / OWNERSHIP

<table>
<thead>
<tr>
<th>Directors</th>
<th>Race / Gender</th>
<th>ID Numbers</th>
<th>% Shareholding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

22. PRODUCTS AND SERVICES
22.1 Are you a Manufacturer / Distributor /Supplier: ............................................................
Wholesaler /Retailer or Service organization
22.2 LIST YOUR COMMODITIES: MAXIMUM OF THREE (03) ONLY.

<table>
<thead>
<tr>
<th>DESCRIPTION OF BUSINESS OFFERING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

22.3 List Sole Agencies held by you : ........................................................................

22.4 Quality Control Standards and Awards if any : ........................................................................

23. BROAD BASED BLACK ECONOMIC EMPOWERMENT.

23.1 BBBEE Certificate Level (Turnover Amount)

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>..........................................................</td>
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<tr>
<td>2</td>
<td>..........................................................</td>
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<td>3</td>
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<td>4</td>
<td>..........................................................</td>
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<tr>
<td>5</td>
<td>..........................................................</td>
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<td>6</td>
<td>..........................................................</td>
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<tr>
<td>7</td>
<td>..........................................................</td>
</tr>
<tr>
<td>8</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Non- Compliant</td>
<td>..........................................................</td>
</tr>
</tbody>
</table>

(Please supply BBBEE rating Certificate issued by an approved Certification Agency or An Affidavit as per Amended BBBEE Act).

23.2 Qualifying Small Enterprise (QSE) : ..........................................................

Turnover R10m>R35m
(Please supply grading Certificate issued by an approved Certification Agency)

23.3 Exempted Micro Enterprise (EME) : ..........................................................

Turnover <R10m
(Please supply Audited Financial Statement)

23.4 Start-Up Enterprise : ..........................................................

(Please supply registration documents as well affidavit stating ownership in previous enterprises)

24. SMME STATUS OF YOUR ENTERPRISE:

Please tick with (X) on relevant box in column marked Full Time Employees.
Insert amount in rand to Annual Turnover and Total Gross Asset Value respectively under the appropriate SMME column.
<table>
<thead>
<tr>
<th>FULL TIME EMPLOYEES</th>
<th>ANNUAL TURNOVER</th>
<th>TOTAL GROSS ASSET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 50 10 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. DELIVERY OF GOODS OR SERVICES TO CPUT RULES:

We hereby undertake

- Not to deliver goods or services to any department, division or individual of Cape Peninsula University of Technology without receipt of an official order form/ appointment letter/ contracts or written instruction issued by the procurement department of CPUT.
- To always add the order number as issued, as well as the VAT Numbers of both CPUT as well as the Service Provider on the Tax invoice/ invoice furnished for the appropriate order.
- To supply the University of statements on a monthly basis.

I hereby confirm that the abovementioned information is correct and that I am authorized to undertake this agreement on behalf of the company.

.......................................................... ..........................................................
Initials and Surname Signature

..........................................................
Designation/Capacity Date

26. VETTING:

By submission of this form: I hereby give CPUT consent to do a vetting on my business as well as personal information.
ANNEXURE 1

DECLARATION OF INTEREST

1. Any legal person, excluding persons employed by Cape Peninsula University of Technology (CPUT), students of CPUT or persons having a kinship with students, persons employed by the CPUT, including a blood relationship, may make an offer or offers in terms of Bids/quotations (including a price Bid, advertised competitive Bid, limited Bid or proposal).

In view of possible allegations of favouritism, should the resulting Bid, or part thereof, be awarded to persons employed by the CPUT, or to persons connected with or related to them, it is required that the Bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where –

- the Bidder is employed by the CPUT; and/or
- the legal person on whose behalf the Bid document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the Bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the Bid.

2. In order to give effect to the above, the following questionnaire must be completed and submitte:

2.1 Full Name of Bidder or his or her Representative:

2.2 Identity Number/Registration number:

2.3 Position occupied in the Company (director, trustee, member, shareholder1):

2.4 Company Registration Number:

2.5 Tax Reference Number:

2.6 VAT Registration Number:

The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / personnel numbers must be indicated in paragraph 3 below.

1 “Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the Bidder presently employed by the CPUT or are you a student of CPUT? [YES / NO]

If so, furnish the following particulars:

Name of person / director / trustee /
<table>
<thead>
<tr>
<th>shareholder / members/student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of CPUT Department / Division at which you / the person connected to the Bidder is employed/studying:</td>
</tr>
<tr>
<td>Position occupied in the CPUT institution:</td>
</tr>
<tr>
<td><strong>NB:</strong></td>
</tr>
<tr>
<td>Employee/ Student number</td>
</tr>
<tr>
<td>Date of appointment / Resignation</td>
</tr>
<tr>
<td>Year of study</td>
</tr>
</tbody>
</table>

**2.8** If you are presently employed by CPUT, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector/corporate/own business? 

**YES / NO**

If yes, did you attach proof of such authority to the Bid document? *(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the Bid).*

**YES / NO**

If no, furnish reasons for non-submission of such proof:

| |

**2.9** Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with CPUT in the previous twelve months? 

**YES / NO**

**2.9.1** If so, furnish particulars:

| |

**2.10** Do you, or any person connected with the Bidder, have any relationship (family, friend, other) with a person employed by CPUT and who may be involved with the evaluation and or adjudication of this Bid? 

**YES / NO**

**2.10.1** If so, furnish particulars:

| |

**2.11** Are you, or any person connected with the Bidder, aware of any relationship (family, friend, other) between any other Bidder and any person employed by CPUT or who is a student or who may be involved with the evaluation and or adjudication of this Bid? 

**YES / NO**

**2.11.1** If so, furnish particulars:

| |

**2.12** Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are Quoting for this contract? 

**YES / NO**

**2.12.1** If so, furnish particulars:

| |
### 3. Full Details of Directors / Trustees / Members / Shareholders

<table>
<thead>
<tr>
<th>Full Name/s</th>
<th>Identity Number</th>
<th>Personal Tax Reference Number</th>
<th>Personnel Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### 4. Declaration

I, the undersigned (Full Name/s) certify that the information furnished in paragraphs 2 and 3 above is correct.

I accept that the CPUT may reject the bid or act against me in terms of the general conditions of contract should this declaration prove to be false.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Bidder | Position
---|---
|     |     |
ANNEXURE 2

CERTIFICATE OF INDEPENDENT BID DETERMINATION

1. This Standard Bidding Document (SBD) must form part of all Bids¹ invited and the Vendor Form.

2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive Bidding (or Bid rigging). ² Collusive Bidding is a pe se prohibition meaning that it cannot be justified under any grounds.

3. The Procurement policy authorises the SCM section (which will include all persons delegated with authority in terms of the Procurement policy of the CPUT to:

   3.1 Disregard the Bid of any Bidder if that Bidder or any of its directors have abused the institution’s supply chain management system and or committed fraud or any other improper conduct in relation to such system.

   3.2 Cancel a contract awarded to a Bidder of goods and services if the Bidder committed any corrupt or fraudulent act during the Bidding process or the execution of that contract.

4. This document serves as a declaration that would be used by institutions to ensure that, when Bids are considered, reasonable steps are taken to prevent any form of Bid rigging.

5. In order to give effect to the above, the attached must be completed and submitted with the Bid and Vendor Form.

¹ Includes price quotations, advertised competitive Bids, limited Bids and proposals.

² Bid rigging (or collusive Bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a Bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.
CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying vendor form for Bids and quotations:

<table>
<thead>
<tr>
<th>CAPE PENINSULA UNIVERSITY OF TECHNOLOGY (CPUT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name of Institution)</td>
</tr>
</tbody>
</table>

in response to the invitation to register on the vendor database made by:

I certify, on behalf of: ________________________________

(Name of Bidder)

That:
1. I have read and I understand the contents of this Certificate;
2. I understand that my Bid/ quotations will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorised by the Bidder to sign this Certificate, and to submit, on behalf of the Bidder;
4. Each person whose signature appears on the accompanying forms has been authorised by the Bidder to determine the terms of, and to sign the Bid, on behalf of the Bidder;
5. For the purposes of this Certificate and the accompanying forms, I understand that the word “competitor” will include any individual or organization, other than the Bidder, whether or not affiliated with the Bidder, who:
   - Has been requested to submit a Bid/quote in response to this Bid invitation;
   - Could potentially submit a Bid in response to the invitation based on their specifications, abilities or experience; and
   - Provides the same goods and services as the Bidder and/or is in the same line of business as the bidder.
6. The Bidder has arrived at the accompanying Bid/quote independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partner in a joint venture or consortium will not be construed as collusive Bidding.

Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
   - prices;
   - Geographical area where product or service will be rendered (market allocation);
   - Methods, factors or formulas used to calculate prices;
   - The intention or decision to submit or not to submit, a Bid;
   - The submission of a Bid which does not meet the specifications and conditions of the Bid; or bidding with the intention not to win the Bid.

8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.

9. The terms of the accompanying Bid have not been, and will not be, disclosed by the Bidder, directly or indirectly, to any competitor, prior to the date and time of the official Bid opening or of the awarding of the contract.

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to Bids and contracts, Bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No. 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No. 12 of 2004 or any other applicable legislation.

SIGNATURE

NAME OF BIDDER

DATE

POSITION