



## EXPRESSION OF INTEREST

**SUBMISSION NO.: SCMU10-24/25-0020**

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR  
EMERGENCY AND PLANNED MAINTENANCE OF  
MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN  
CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS**

**CIDB GRADE 1 – 4 IN VARIOUS CLASSES OF WORK**

**CLOSING DATE: 17 FEBRUARY 2025 AT 11H00**

EASTERN CAPE DEPARTMENT OF TRANSPORT  
32 COWAN CLOSE,  
OLD BUILDING,  
STELLENBOSCH PARK,  
C BLOCK FOYER,  
KING WILLIAMS TOWN,  
5601

**FOR RESPONDENT:**

**NAME OF SUPPLIER:**

-----

**CRS NUMBER:**

-----

**CSD NUMBER:**

-----



## PROVINCE OF THE EASTERN CAPE

## DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS**

**SUBMISSION DOCUMENT  
CONTENTS**

SECTION	DESCRIPTION	PAGE
<b>PART E1</b>	<b>SUBMISSION PROCEDURES</b>	
E1.1	NOTICE AND INVITATION TO SUBMIT AN EXPRESSION OF INTEREST.	E1.2
E1.2	SUBMISSION DATA.	E1.4
<b>PART E2</b>	<b>RETURNABLE DOCUMENTS</b>	
	LIST OF RETURNABLE DOCUMENTS.	E2.2
	SUBMISSION SCHEDULES.	E2.4
	SBD 1: INVITATION TO BID AND TERMS AND CONDITIONS FOR BIDDING.	E2.5
	A: SELECTED PANEL OF CONTRACTOR(S) AGREEMENT SCOPE OF WORK.	E2.7
	B: CERTIFICATE OF AUTHORITY FOR SIGNATORY.	E2.8
	C: REGISTRATION WITH THE CONSTRUCTION INDUSTRY DEVELOPMENT BOARD (CIDB).	E2.9
	LIST OF SIMILAR BUILDING MAINTENANCE PROJECTS COMPLETED FOR SUBMISSION D(A). TABLE A.	E2.11
	LIST OF SIMILAR CIVIL MAINTENANCE PROJECTS COMPLETED FOR SUBMISSION D(B). TABLE B.	E2.12
	LIST OF SIMILAR BUILDING MAINTENANCE PROJECTS COMPLETED FOR SUBMISSION D(C). TABLE C.	E2.13

PART E2	DESCRIPTION	PAGE
	<b>BUILDING MAINTENANCE PROJECT VERIFICATION FORMS</b>	
	D(A) : BUILDING MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 1 (one verification form required for each listed project).	E2.15
	D(A) : BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 2 (one verification form required for each listed project).	E2.17
	D(A) : BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 3 (one verification form required for each listed project).	E2.19
	D(A) : BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 4 (one verification form required for each listed project).	E2.21
	D(A) : BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 5 (one verification form required for each listed project).	E2.23
	<b>CIVIL MAINTENANCE PROJECT VERIFICATION FORMS</b>	
	D(B) : CIVIL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 1 (one verification form required for each listed project).	E2.25
	D(B) : CIVIL MAINENANCE PROJECT COMPLETED VERIFICATION FORM 2 (one verification form required for each listed project).	E2.28
	D(B) : CIVIL MAINENANCE PROJECT COMPLETED VERIFICATION FORM 3 (one verification form required for each listed project).	E2.31
	D(B) : CIVIL MAINENANCE PROJECT COMPLETED VERIFICATION FORM 4 (one verification form required for each listed project).	E2.34
	D(B) : CIVIL MAINENANCE PROJECT COMPLETED VERIFICATION FORM 5 (one verification form required for each listed project).	E2.37
	<b>ELECTRICAL MAINTENANCE PROJECT VERIFICATION FORMS</b>	
	D(C) : ELECTRICAL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 1 (one verification form required for each listed project).	E2.40
	D(C) : ELECTRICAL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 2 (one verification form required for each listed project).	E2.42
	D(C) : ELECTRICAL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 3 (one verification form required for each listed project).	E2.44
	D(C) : ELECTRICAL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 4 (one verification form required for each listed project).	E2.46
	D(C) : ELECTRICAL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 5 (one verification form required for each listed project).	E2.48

	<b>RESPONDENT'S KEY PERSONNEL</b>	
	TABLE E: RESPONDENT'S KEY PERSONNEL ( <b>SITE AGENT</b> ).	E2.51
	TABLE F: RESPONDENT'S KEY PERSONNEL FOREMAN	E2.52
	TABLE G: RESPONDENT'S KEY PERSONNEL (CONSTRUCTION HEALTH AND SAFETY OFFICER).	E2.53

<b>PART E2</b>	<b>DESCRIPTION</b>	<b>PAGE</b>
	G: JOINT VENTURE AGREEMENT DISCLOSURE.	E2.54
	H: REGISTRATION ON NATIONAL TREASURY CENTRAL SUPPLIER DATABASE.	E2.55
	I: DECLARATION IN RESPECT OF COMPLIANCE WITH LABOUR LEGISLATION.	E2.56
	K: RECORD OF ADDENDA TO EXPRESSION OF INTEREST DOCUMENTS.	E2.57
	N: RESPONDENT'S BANKING AND AUDITOR DETAILS.	E2.58
	P: COMPULSORY ENTERPRISE QUESTIONNAIRE.	E2.59
	SBD 4: DECLARATION OF INTEREST.	E2.60
	SDB 8: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES.	E2.64
	SBD 9: CERTIFICATE OF INDEPENDENT BID OF DETERMINATION.	E2.66
<b>PART 3</b>	<b>EVALUATION CRITERIA</b>	
	A: COMPLIANCE EVALUATION	E3.3
	B: ELEGIBILITY EVALUATION	E3.4
<b>PART E4</b>	<b>INDICATIVE SCOPE OF WORK</b>	
E4	INDICATIVE SCOPE OF WORK.	4.3

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS

<p><b>PART E1: SUBMISSION PROCEDURES</b></p>
--

**E1.1 NOTICE AND INVITATION TO SUBMIT AN EXPRESSION OF INTEREST**

**E1.2 SUBMISSION DATA**

## PROVINCE OF THE EASTERN CAPE

## DEPARTMENT OF TRANSPORT

## SUBMISSION NO.: SCMU10-24/25-0020

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS**

**E1.1: NOTICE AND INVITATION TO SUBMIT AN EXPRESSION OF INTEREST**

The **Eastern Cape Department of Transport** hereby invites Built Environment Service Providers with CIDB Grading's of 1-4 in the following Class of works (**Part A - GB, Part B - CE, Part C - EB**):

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AIRPORT AND BHISHO AIRPORT BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT.**

The purpose of the expression of Interest is to compile a register of responsive respondents to participate in a Panel of Contractors and to submit their credentials, so they may, in terms of the Employer's procurement procedures, be invited to submit work package quotation offers should they qualify or be selected to do so for Emergency and Planned maintenance of Mthatha Airport and Bisho Airport, related scope of work on an "as and when required" basis over a period of 36 months.

Respondents may select to submit submissions for the following class of work allowed in terms of this Panel of Contractors.

- **Part A** - Building Maintenance Work; or
- **Part B** - Civil Engineering; or
- **Part C** - Electrical Engineering; or

In order to be considered for a Panel Agreements in terms of this expression of interest:

- Only those Service Providers who are registered in a CIDB designation Grade (any of them): 1 - 4 in the following Class of works (**Part A - GB, Part B - CE, Part C - EB**) are eligible to submit Expressions of interest.
- A respondent of grade **1 & 2** must be able to demonstrate the completion of maintenance project 2 in each class of work the respondent is interest in and grade **3 & 4** must be able to demonstrate the completion of maintenance project 3 in each class of work the respondent is interest in.
- A respondent must be able to demonstrate that the respondent has in its employment or intend to employ, for the duration of a work package contract the following key personnel who comply with the minimum requirements as referred to in **E1.2: SUBMISSION DATA** of the document:
  - **Site Agent** (GCC 2015 term for Site Agent) who shall be obtain National Diploma in Built environment with a minimum 3+ years of experience in each class work the respondent is interest in.
  - **Foreman** - Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3+ years' experience plus, in each class of work the respondent is interested in.
  - **Construction Health and Safety Officer** must obtain Diploma in Health and Safety Management/ SAMTRAC certificate to manage the contractor's health and safety obligations on site with a minimum of 3+ years' experience each in each class work the respondent is interest in.

Submission documents will be available as of **FRIDAY** on the **24 January 2025**, free of charge, via download from the **Eastern Cape Department of Transport** website [www.ectransport.gov.za](http://www.ectransport.gov.za) and **Department of National Treasury eTenderPublication** website <https://etenders.treasury.gov.za/>

Each Airport will have a compulsory clarification meeting, the meeting(s) will be held as follows:

#### **Compulsory Clarification meeting for Bisho Airport**

Compulsory Clarification meeting will be held at 10H00 on Monday, 03 Feb 2025. N2 Grahamstown road, Bisho Airport, King Williams Towns, 5601.

#### **Compulsory Clarification meeting for Mthatha Airport**

Compulsory Clarification meeting will be held at 10H00 on Tuesday, 04 Feb 2025. R61 Airport Road, Mthatha 5900, Eastern Cape.

Respondents may seek clarification from the Employer in terms of this submission within 14 days from the date of the advert, and the last day for accepting questions will be **Wednesday, 12 February 2025**.

Respondents are required to download any addenda issued by the Employer from the **Eastern Cape Department of Transport** website [www.ectransport.gov.za](http://www.ectransport.gov.za) only.

### **E1.1.2 MAKING A SUBMISSION**

The completed, printed and signed **SUBMISSION DOCUMENT** of the submission as well as any supporting documentation shall be placed in a sealed envelope clearly marked "**SUBMISSION NO: SCMU10-24/25-0020 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AIRPORT AND BHISHO AIRPORT BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT**" and deposited in the Tender Box at the **Eastern Cape Department of Transport, 32 Cowan Close, Flemming Street, Room C1, Stellenbosch Park Building, Schornville, King Williams Town, 5601**, not later than **11H00** on **MONDAY, 17 FEBRUARY 2025** when submissions will be opened in public.

### **E1.1.3 SUBMISSION EVALUATION**

Only submissions received on or prior to the closing time shall be evaluated by an evaluation panel appointed by the Employer. Submission shall be evaluated in terms of evaluation criteria established in the submission data.

The following evaluation criteria shall apply:

The quotation will be evaluated according to the preferential procurement model in the preferential Procurement Policy Framework Act (PPPFA 5 of 2000): Preferential Procurement Regulations, 2022 as well as the SCM Policy of the Department of Transport.

### **E1.1.4 SUBMISSION CONDITIONS**

The conditions for the calling for Expressions of Interest applicable for this submission are detailed in **E1.2: SUBMISSION DATA** and **E2.2: SUBMISSION SCHEDULES** of this document.

### **E1.1.5 SUBSSION ENQUIRIES**

All submission procedure enquiries may be directed:

Contact PERSON: Mr. P Nqikashe  
Tel No.: 067-419-8001  
E-mail address: [Philasande.Nqikashe@ectransport.gov.za](mailto:Philasande.Nqikashe@ectransport.gov.za)

All technical procedure enquiries may be directed to:

Contact PERSON: Mr. L Hlathuka  
Tel No.: 078-105-3447  
E-mail address: [Ludwe.Hlathuka@ectransport.gov.za](mailto:Ludwe.Hlathuka@ectransport.gov.za)

### **E1.1.6 FOR COMPLAINTS, FRAUD AND TENDER ABUSE**

Call: 0800 701 1701

## PROVINCE OF THE EASTERN CAPE

## DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS**

<b>E1.2: SUBMISSION DATA</b>
------------------------------

The conditions for the calling for Expressions of Interest are the Standard Conditions for the calling for Expressions of Interest as contained in Annex D of the CIDB Standard for Uniformity in Construction Procurement as per Board Notice No. 423 of 2019 published in Government Gazette No. 42622 of 08 August 2019 and as amended from time to time. (see [www.cidb.org.za](http://www.cidb.org.za)).

The Standard Conditions for the calling for Expressions of Interest make several references to the submission data for details that apply specifically to this submission. The submission data shall have precedence in the interpretation of any ambiguity or inconsistency between it and the Standard Conditions for the calling for Expressions of Interest.

Each item of data given below is cross-referenced to the clause in the Standard Conditions for the calling for Expressions of Interest to which it mainly applies.

**The following variations, amendments and additions to the Standard Conditions for the calling for Expressions of Interest as set out in the Submission Data below shall apply to this submission:**

Clause Number	Submission Data
<b>D.1</b>	<b>General</b>
<b>D.1.1</b>	<b>Actions</b>
D.1.1.1	<p><i>Add the following:</i></p> <p>The Employer is the <b>Eastern Cape Department of Transport</b>, represented by the Head of Department and/or such other person or persons duly authorized thereto by the Employer in writing.</p>
D.1.1.4	<p><i>Add the following after C. 1.1.3:</i></p> <p>Unless stated otherwise in the submission data, each respondent and the Employer undertake to accept the jurisdiction of the law courts of the Republic of South Africa.</p>
<b>D.1.2</b>	<p><b>Supporting documents</b></p> <p>The submission documents issued by the Employer comprise:</p> <p><b>SUBMISSION DOCUMENT (this document) in which is bound:</b></p> <p><b>PART E1: SUBMISSION PROCEDURES</b></p> <p>E1.1 NOTICE AND INVITATION TO SUBMIT AN EXPRESSION OF INTEREST  <i>(Alerts respondents to submit their credentials in order to be admitted to an electronic database or to be invited to submit work package quotation offers should they satisfy the stated criteria.)</i></p> <p>E1.2 SUBMISSION DATA  <i>(Establishes the rules from the time a call for an expression of interest is advertised to the time a submission is evaluated.)</i></p>



Clause Number	Submission Data
	<p><b>PART E2: RETURNABLE DOCUMENTS</b></p> <p>E2.1 LIST OF RETURNABLE DOCUMENTS <i>(Ensures that everything the employer requires a respondent to include in his submission is included in, or returned with, such a submission.)</i></p> <p>E2.2 SUBMISSION SCHEDULES <i>(Contains documents that the respondent is required to complete for the purpose of evaluating submissions.)</i></p> <p><b>PART E3: INDICATIVE SCOPE OF WORK</b></p> <p>E3 INDICATIVE SCOPE OF WORK <i>(Indicates to respondents what the panel of contractor(s) agreement and any panel of contractor(s) contracts is likely to entail so that they can make an informed decision as to whether or not they wish to respond and, if so, structure their submission around the likely demands of the project.)</i></p>
D.1.3	<p><b>Interpretation</b></p> <p><i>Add the following after D.1.3.3 c)</i></p> <p>d) <b>material responsiveness criteria</b> means a responsiveness criteria for which the respondent must be responsive in accordance with the conditions of calling for Expressions of Interest applicable to said responsiveness criteria at the closing time for submitting submissions, for which the clarification of substance provide by the respondent after submission shall not be sought, offered or permitted.</p>
D.1.4	<p><b>Communication and the employer's agent</b></p> <p><i>Add the following:</i></p> <p>The Employer's agent is:</p> <p>Name: Mr. Ludwe Hlathuka Address: 32 Cowan Close, Flemming Street Stellenbosch Park Building Schornville, King Williams Town 5601 Tel: 078-105-3447 E-mail: Ludwe.Hlathuka@ectransport.gov.za</p>
D.2	<p><b>Respondent's obligations</b></p>
D.2.1	<p><b>Eligibility</b></p> <p><i>Delete the heading "Eligibility" and replace with "Responsiveness Criteria"</i></p> <p><i>Add the following after the end of the paragraph:</i></p> <p>Only those respondents that satisfy all, of the following criteria will be declared responsive:</p> <p>D.2.1.1 <b>Construction Industry Development Board (CIDB) Registration</b></p>

Clause Number	Submission Data
D.2.1.2	<p>Only those Service Providers who are registered in a CIDB designation Grade (any of them): 1 - 4 in the following Class of works (PART A - GB, PART B - CE, PART C - EB) are eligible to submit Expressions of interest.</p> <p>Respondents must obtain such active status upon being requested to do so in writing and within the period contained in such a request, failing which their submissions will be declared non-responsive.</p> <p>Joint Ventures are eligible to submit submissions provided that:</p> <ol style="list-style-type: none"> <li>a) every member of the joint venture is registered with an active status with the CIDB for (PART A - GB, or PART B - CE, or PART C - EB) class of construction work;</li> <li>b) the lead partner has a contractor grading designation of not lower than the specified required grading designation in the (PART A - GB, PART B - CE, PART C - EB) class of construction work; and</li> <li>c) the combined contractor grading designation calculated in accordance with the Construction Industry Development Regulations is between or equal to a CIDB grading <b>1-4</b> for the class of work the respondent is interested in.</li> <li>d) a signed copy of the Joint Venture Agreement must be attached to submission schedule <b>G: JOINT VENTURE DISCLOSURE</b></li> </ol> <p>A completed submission schedule <b>C: REGISTRATION WITH THE CONSTRUCTION INDUSTRY DEVELOPMENT BOARD</b> to be provided which does not indicate any non-compliance in terms of this clause and requirements of the applicable submission schedule that renders the submission non-responsive.</p> <p><b>Compliance with requirements of Employer's SCM Policy and procedures</b></p> <p>Only those submissions that are compliant with the requirements below will be declared responsive:</p> <ol style="list-style-type: none"> <li>a) Full name of entity submitting a submission to be provided;</li> <li>b) Identification number or company or other registration number to be provided;</li> <li>c) Tax reference number to be provided;</li> <li>d) VAT registration number (if any) to be provided;</li> <li>e) A completed submission schedule <b>SBD 1: INVITATION TO BID AND TERMS AND CONDITIONS FOR BIDDING</b> to be provided. Failure to provide or comply with any of the particulars of this schedule may render the submission non-responsive;</li> <li>f) A completed submission schedule <b>A: SELECTED PANEL OF CONTRACTOR(S) AGREEMENT SCOPE OF WORK</b> to be provided. Compliance with the requirements of the applicable submission schedule is deemed a <b>material responsiveness criteria</b>;</li> <li>g) A completed <b>CERTIFICATE OF AUTHORITY FOR SIGNATORY</b> to be provided and attached to submission schedule <b>B: CERTIFICATE OF AUTHORITY FOR SIGNATORY</b>. In the case of a joint venture (JV), a separate certificate of authority for signatory is to be provided by each JV member. Compliance with the requirements of the applicable submission schedule is deemed a <b>material responsiveness criteria</b>;</li> <li>h) In the case of a submission by a joint venture (JV). The respondent must attach a signed copy of the JV Agreement to submission schedule <b>G: JOINT VENTURE AGREEMENT DISCLOSURE</b>;</li> <li>i) A completed submission schedule <b>H: REGISTRATION ON NATIONAL TREASURY CENTRAL SUPPLIER DATABASE</b> to be provided, including attached printed copy of the Active Supplier Listing on the National Treasury Central Supplier Database. In the case of a joint venture (JV), the respondent shall provide printed copies of the Active Supplier Listing on the National Treasury Central Supplier Database for each member of the JV;</li> </ol>

Clause Number	Submission Data
	<p>j) A completed submission schedule <b>N: RESPONDENT'S BANKING AND AUDITOR DETAILS</b> to be provided. In the case of a joint venture (JV), the respondent shall provide banking and auditor details for each member of the JV.</p> <p>k) A completed submission schedule <b>P: COMPULSORY ENTERPRISE QUESTIONNAIRE</b> to be provided. In the case of a joint venture (JV), a separate schedule is to be completed and provided by each JV member;</p> <p>l) A completed submission schedule <b>SBD 4: DECLARATION OF INTEREST</b> to be provided. In the case of a joint venture (JV), a separate schedule is to be completed and provided by each JV member. Non-compliance with the requirements of the applicable submission schedule will render the submission non-responsive. Furthermore, should the declaration prove to be false the Employer may reject or act against the respondent in terms of D.3.6;</p> <p>m) A completed submission schedule <b>SBD 8: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES</b> to be provided and which does not indicate any conflict or past practices that renders the submission non-responsive. In the case of a joint venture (JV), a separate schedule is to be completed and provided by each JV member;</p> <p>n) A completed submission schedule <b>SBD 9: CERTIFICATE OF INDEPENDENT TENDER DETERMINATION</b> to be provided and which does not indicate any non-compliance with the requirements of the applicable submission schedule.</p> <p>o) The respondent or any of its directors is not listed in the Register of Tender Defaulters or the List of Restricted Suppliers managed by the National Treasury (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) in terms of the Prevention and Combating of Corrupt Activities Act of 2004 as a person prohibited from doing business with the public sector;</p> <p>p) The respondent has not abused the Employer's Supply Chain Management System;</p> <p>q) The respondent has not failed to perform on any previous contract with the Employer;</p> <p>r) The respondent's tax matters with SARS are in order.</p>
<b>D.2.1.3.1</b>	<p><b>Similar project(s) completed for class of work PART A - GB</b></p> <p>In order to be considered for a Panel of Contractor(s) Agreement in terms of this call of Expression of Interest, the respondent must be able to demonstrate the completion of at least:</p> <ul style="list-style-type: none"> <li>• A respondent must be able to demonstrate the completion of 3 building maintenance projects in each class of work the respondent is interest in.</li> </ul> <p>Similar <b>BUILDING MAINTENANCE PROJECTS</b> shall be defined as including at a minimum the following:</p> <ul style="list-style-type: none"> <li>•</li> <li>• Inspecting and repairing roof leaks, gutters and down pipes.</li> <li>• Maintain defects on the walls, floors and ceilings.</li> <li>• Replace Damaged windows/windowpanes.</li> <li>• Address foundation issues.</li> <li>• Sprinkler system and fire installation.</li> <li>• Firefighting equipment (Extinguisher, hydrants, Signs)</li> <li>• Installation and/or repairing of perimeter fence.</li> </ul>

Clause Number	Submission Data
D.2.1.3.2	<p><b>Similar project(s) completed for class of work PART B - CE</b></p> <p>In order to be considered for a Panel of contractor(s) Agreement in terms of this call of Expression of Interest, the respondent must be able to demonstrate the completion of at least:</p> <p>A respondent must be able to demonstrate the completion of <b>3 Civil Engineering projects</b> in each class of work the respondent is interest in.</p> <p>Similar <b>CIVIL ENGINEERING MAINTENANCE PROJECTS</b> shall be defined as including at a minimum the following:</p> <ul style="list-style-type: none"> <li>• Perform regular crack sealing</li> <li>• Apply surface treat to extend pavement life.</li> <li>• Conduct periodic resurfacing</li> <li>• Clean and maintain drainage ditches, culverts and inlets.</li> <li>• Repaint faded markings on the taxiways, runway and parking-lot(s).</li> <li>• Replace damaged or missing signs.</li> <li>• Maintenance of perimeter roads.</li> <li>• Alteration and/or sandblasting of Runway/Taxiway/Apron markings.</li> <li>• Emergency Water Supply and Sewer Desludging</li> <li>• Installation and/or repairs of water installations and wastewater drainage systems.</li> <li>• Runway Friction Test</li> </ul>
D2.1.3.3	<p><b>Similar project(s) completed for class of work PART C - EB</b></p> <p>In order to be considered for a Panel of Contractor(s) Agreement in terms of this call of Expression of Interest, the respondent must be able to demonstrate the completion of at least:</p> <p>A respondent must be able to demonstrate the completion of <b>3 ELECTRICAL ENGINEERING MAINTENANCE PROJECTS</b> in each class of work the respondent is interest in.</p> <p>Similar <b>ELECTRICAL ENGINEERING MAINTENANCE PROJECTS</b> shall be defined as including at a minimum the following:</p> <ul style="list-style-type: none"> <li>• Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.</li> <li>• Replacing switches and plugs.</li> <li>• Fault finding.</li> <li>• Maintenance of Distribution Boards.</li> <li>• Replace/Maintenance of Automatic doors.</li> <li>• Servicing of Uninterrupted Power Supply (UPS).</li> <li>• Electronics</li> </ul>
D.2.1.4	<p><b>Key Personnel</b></p> <p>In order to be considered for a Panel of Contractor(s) Agreement in terms of this call of Expression of Interest, the respondent must have in its employment or intend to employ, for the duration of a work package contract the following key personnel who comply with the following minimum requirements:</p> <ol style="list-style-type: none"> <li>a) <b>Site Agent</b> (GCC 2015 term for Site Agent) who shall be obtain National Diploma in Built environment with a minimum 3+ years of experience in each class work the respondent is interest in.</li> <li>b) <b>Foreman</b> - Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3 + years' experience plus, in each class of work the respondent is interested in.</li> </ol>

Clause Number	Submission Data																									
D.2.1.5	<p>c) <b>Construction Health and Safety Officer</b> must obtain Diploma in Health and Safety Management/ SAMTRAC certificate to manage the contractor’s health and safety obligations on site with a minimum of 3+ years’ experience each in each class work the respondent is interest in</p> <p>A completed submission schedule <b>E: RESPONDENT’S KEY PERSONNEL (including Tables A and B)</b> to be provided. Attach to each schedule proof of indicated professional registration with the specified professional body.</p> <p>If the respondent does not have in its employment the specified key personnel, the respondent must attach to the applicable schedule a letter of intent from the indicated key personnel confirming his / her availability to be employed for the duration of a work package contract. Such letter of intent is to be unqualified and certified by a Registered Commissioner of Oaths.</p> <p>Compliance with the requirements of this clause and applicable submission schedules are deemed a <b>material responsiveness criteria</b>.</p> <p>Where the key personnel are no longer available to undertake the necessary work after an award of a work package contract, the then Contractor shall within a period of fourteen (14) working days replace the key personnel listed in submission schedules</p> <p><b>E: RESPONDENT’S KEY PERSONNEL</b> with personnel with equivalent competencies, subject to approval by the Employer. Such approval shall not be unreasonably withheld if compliant in terms of the requirements of this clause and that of the conditions of contract.</p> <p><b>SPECIFIC GOALS</b></p> <p>Up to 100 minus <math>W_1</math> tender evaluation points will be awarded to tenderers on the basis of the data supplied under the relevant Returnable Documents and Schedules.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">The procedure for the evaluation of responsive tenders is <b>Method 2 (Financial Offer, and Preferences)</b>.</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Maximum number of tender evaluation points</b></td> </tr> <tr> <td>Price Component</td> <td style="text-align: center;">80</td> </tr> <tr> <td>Preferential Component</td> <td style="text-align: center;">20</td> </tr> <tr> <td>Total evaluation points</td> <td style="text-align: center;"><b>100</b></td> </tr> </table> <p><b>Calculation of Points for Price (Max = 80 points) (Ps)</b>  <i>The points scored for Price will be calculated using the following formula:</i></p> $P_s = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right)$ <p>Where <math>P_s</math> = points scored for price by tender under consideration  <math>P_{min}</math> = price of lowest acceptable tender  <math>P_t</math> = price of tender under consideration</p> <p>Fractions will be rounded off to two places after the decimal comma.</p> <p><b>Preferential Component ( Max = 20 points) <math>N_{EP}</math></b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">PREFERENTIAL SPECIFIC GOALS POINTS TABLE</th> </tr> <tr> <th style="width: 35%;">The specific goals allocated points in terms of this tender</th> <th style="width: 30%; background-color: #ff0000; color: white;">Number of points allocated (80/20 system) (To be completed by the organ of state)</th> <th style="width: 35%; background-color: #ffa500;">Number of points claimed (80/20 system) (To be completed by the tenderer)</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>Historically Disadvantaged Individuals</b></td> </tr> <tr> <td>Black ownership</td> <td>10</td> <td>% ownership as per CIPC / CSD</td> </tr> <tr> <td>Women Equity Ownership</td> <td>10</td> <td>% ownership as per CIPC / CSD</td> </tr> </tbody> </table>	The procedure for the evaluation of responsive tenders is <b>Method 2 (Financial Offer, and Preferences)</b> .			<b>Maximum number of tender evaluation points</b>	Price Component	80	Preferential Component	20	Total evaluation points	<b>100</b>	PREFERENTIAL SPECIFIC GOALS POINTS TABLE			The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (80/20 system) (To be completed by the tenderer)	<b>Historically Disadvantaged Individuals</b>			Black ownership	10	% ownership as per CIPC / CSD	Women Equity Ownership	10	% ownership as per CIPC / CSD
The procedure for the evaluation of responsive tenders is <b>Method 2 (Financial Offer, and Preferences)</b> .																										
	<b>Maximum number of tender evaluation points</b>																									
Price Component	80																									
Preferential Component	20																									
Total evaluation points	<b>100</b>																									
PREFERENTIAL SPECIFIC GOALS POINTS TABLE																										
The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (80/20 system) (To be completed by the tenderer)																								
<b>Historically Disadvantaged Individuals</b>																										
Black ownership	10	% ownership as per CIPC / CSD																								
Women Equity Ownership	10	% ownership as per CIPC / CSD																								

Clause Number	Submission Data												
	<table border="1" data-bbox="379 206 1353 918"> <thead> <tr> <th colspan="3" data-bbox="386 206 1347 235"><b>Locality:-</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="386 235 746 443">a) Preferred address in the King Sabata Dalindyebo Local Municipality or Buffalo City Metropolitan Municipality in the last 3 years.</td> <td data-bbox="753 235 1072 443">10</td> <td data-bbox="1078 235 1347 443"></td> </tr> <tr> <td data-bbox="386 443 746 817">b) Outside King Sabata Dalindyebo Local Municipality or Amathole District Municipality no satellite office in OR Tambo District: - including preferred address less than 3 years - Alternative address less than 3 years</td> <td data-bbox="753 443 1072 817">5</td> <td data-bbox="1078 443 1347 817"></td> </tr> <tr> <td data-bbox="386 817 746 918">c) Preferred address in the Eastern Cape Province in the last 3 years</td> <td data-bbox="753 817 1072 918">3</td> <td data-bbox="1078 817 1347 918"></td> </tr> </tbody> </table> <p data-bbox="363 922 1366 981">Calculation of the specific goals points for a Joint venture will be based as per the Joint Venture agreement that must be submitted by the tenderers.</p> <p data-bbox="363 1012 986 1041"><b>Documents to be attached when claiming points:</b></p> <ul data-bbox="363 1079 1366 1451" style="list-style-type: none"> <li>• HDI: Black Ownership</li> <li>• The Central Supplier Database (CSD) report will be used to obtain the required information.</li> <li>• <b>Locality:</b> <ul style="list-style-type: none"> <li>- Locality shall mean a fully functional office within the Province of the Eastern Cape. Satellite shall mean an office with minimum staff of not less than 3 personnel running the office on fulltime.</li> <li>- Locality Points will be allocated for proof of local office operations in Eastern Cape. The primary address on CSD and proof of ownership under the bidding company will be used for choice Locality.</li> <li>- A Lease Agreement accompanied by the Landlord's affidavit will also be considered.</li> </ul> </li> </ul> <p data-bbox="363 1489 1120 1518"><b>Joint Venture agreement that must be submitted by the tenderers.</b></p>	<b>Locality:-</b>			a) Preferred address in the King Sabata Dalindyebo Local Municipality or Buffalo City Metropolitan Municipality in the last 3 years.	10		b) Outside King Sabata Dalindyebo Local Municipality or Amathole District Municipality no satellite office in OR Tambo District: - including preferred address less than 3 years - Alternative address less than 3 years	5		c) Preferred address in the Eastern Cape Province in the last 3 years	3	
<b>Locality:-</b>													
a) Preferred address in the King Sabata Dalindyebo Local Municipality or Buffalo City Metropolitan Municipality in the last 3 years.	10												
b) Outside King Sabata Dalindyebo Local Municipality or Amathole District Municipality no satellite office in OR Tambo District: - including preferred address less than 3 years - Alternative address less than 3 years	5												
c) Preferred address in the Eastern Cape Province in the last 3 years	3												
<b>D.2.5</b>	<p data-bbox="363 1527 630 1556"><b>Clarification meeting</b></p> <p data-bbox="363 1568 1125 1597"><i>Delete the contents of this clause and replace with the following:</i></p>												
<b>D.2.6</b>	<p data-bbox="363 1617 582 1646"><b>Seek clarification</b></p> <p data-bbox="363 1657 1125 1686"><i>Delete the contents of this clause and replace with the following:</i></p> <p data-bbox="363 1702 1366 1792">Compulsory clarification meeting Bisho Airport Compulsory clarification meeting will be held at 10H00 on Monday, 03 Feb 2025. N2 Grahamstown road, Bisho Airport, King Williams Town, 5601</p> <p data-bbox="363 1825 1324 1926">Compulsory clarification meeting Mthatha Airport Compulsory clarification meeting will be held at 10H00 on Tuesday, 04 Feb 2025. R61 Airport Road, Mthatha, 5900, Eastern Cape.</p> <p data-bbox="363 1960 790 1989">The respondent declares that it has:</p> <p data-bbox="363 2004 1332 2065">a) inspected, read and fully understood the submission documents issued by the Employer.</p>												

Clause Number	Submission Data
	<p>b) requested the Employer to clarify the requirements contained in the submission documents, the exact meaning or interpretation of which is not clearly intelligible to the respondent.</p> <p>c) received any Addenda to the submission documents which have been issued in accordance with the Employer's SCM Policy.</p> <p>The Employer will therefore not be liable for the payment of any extra costs resulting from any claim submitted by the respondent arising from any alleged ambiguity or uncertainty contained in the submission documents.</p>
<b>D.2.7</b>	<p><b>Making a submission</b></p> <p>Parts of each submission communicated on paper shall be submitted as an original, plus zero (0) copies.</p> <p>The Employer's address for delivery of submissions and identification details to be shown on each submission package are stated in <b>E1.1: NOTICE AND INVITATION TO SUBMIT AND EXPRESSION OF INTEREST</b>.</p>
<b>D.2.9</b>	<p><b>Closing time</b></p> <p>The closing time for submission is as stated in <b>E1.1: NOTICE AND INVITATION TO SUBMIT AND EXPRESSION OF INTEREST</b>.</p> <p>Telephonic, telegraphic, telex, facsimile or e-mailed submissions will <b>not</b> be accepted.</p> <p>It is the responsibility of the respondent to ensure that submission documents are submitted on or before the closing date and time and at the correct location as the Employer will not take responsibility for any wrong delivery.</p>
<b>D.2.10</b>	<p><b>Clarification of submission</b></p> <p><i>Add the following to D.2.10 at the end of the first sentence:</i></p> <p>A respondent will be declared as non-responsive if the respondent fails to provide any clarification or supporting documents requested by the Employer within the time for submission stated in the Employer's written request for such clarification or documents.</p>
<b>D.3</b>	<p><b>Employer's undertakings</b></p>
<b>D.3.1</b>	<p><b>Respond to clarification</b></p> <p><i>Delete the contents of this clause and replace with the following:</i></p> <p>The Employer will respond to requests for clarification received up to <b>11H00 on Wednesday 12 February 2025</b>.</p>
<b>D.3.2</b>	<p><b>Issue Addenda</b></p> <p><i>Delete the first sentence and replace with the following:</i></p> <p>"If necessary, issue addenda that may amend or amplify the submission documents to each respondent not later than <b>11H00 on FRIDAY 14 FEBRUARY 2025</b>."</p> <p><i>Add the following to D.3.2 at the end of the paragraph:</i></p> <p>Addenda issued by the Employer (if any) shall only be available for download on the <b>Eastern Cape Department of Transport</b> website <a href="http://www.ectransport.gov.za">www.ectransport.gov.za</a> only.</p>

Clause Number	Submission Data
	Notwithstanding any requests for confirmation of receipt of Addenda issued, the respondent shall be deemed to have received such addenda if the Employer can show proof of transmission thereof (or a notice in respect thereof) via electronic mail or facsimile or registered post or making available via download.



PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS

<b>PART E2: RETURNABLE DOCUMENTS</b>
--------------------------------------

**E2.1 LIST OF RETURNABLE DOCUMENTS**

**E2.2 SUBMISSION SCHEDULES**

## PROVINCE OF THE EASTERN CAPE

## DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS**

**PART E2.1: LIST OF RETURNABLES DOCUMENTS**

**E2.1.1 THE RESPONDENT MUST COMPLETE THE FOLLOWING SUBMISSION SCHEDULES IN NON-ERASABLE BLACK IN**

SCHEDULE	DESCRIPTION	CHECKLIST
SBD 1	INVITATION TO BID AND TERMS AND CONDITIONS FOR BIDDING	Y <input type="checkbox"/> / N <input type="checkbox"/>
A	SELECTED PANEL OF CONTRACTOR(S) AGREEMENT SCOPE OF WORK	Y <input type="checkbox"/> / N <input type="checkbox"/>
B	CERTIFICATE OF AUTHORITY FOR SIGNATORY	Y <input type="checkbox"/> / N <input type="checkbox"/>
C	REGISTRATION WITH THE CONSTRUCTION INDUSTRY DEVELOPMENT BOARD (CIDB)	Y <input type="checkbox"/> / N <input type="checkbox"/>
D	SIMILAR PROJECTS COMPLETED BY THE RESPONDENT (including TABLE A of this schedule)	
D(A)	SIMILAR BUILDING MAINTENANCE PROJECT COMPLETED VERIFICATION FORM (One verification form required for each listed project)	Y <input type="checkbox"/> / N <input type="checkbox"/>
D(B)	SIMILAR CIVIL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM (One verification form required for each listed project)	Y <input type="checkbox"/> / N <input type="checkbox"/>
D(C)	SIMILAR ELECTRICAL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM (One verification form required for each listed project)	Y <input type="checkbox"/> / N <input type="checkbox"/>
E	RESPONDENT'S KEY PERSONNEL (including TABLES A and B of this schedule)	Y <input type="checkbox"/> / N <input type="checkbox"/>
G	JOINT VENTURE AGREEMENT DISCLOSURE (if applicable)	Y <input type="checkbox"/> / N <input type="checkbox"/>
H	REGISTRATION ON NATIONAL TREASURY CENTRAL SUPPLIER DATABASE	Y <input type="checkbox"/> / N <input type="checkbox"/>
J	RECORD OF ADDENDA TO SUBMISSION DOCUMENTS	Y <input type="checkbox"/> / N <input type="checkbox"/>
K	RECORD OF ADDENDA TO SUBMISSION DOCUMENTS	Y <input type="checkbox"/> / N <input type="checkbox"/>
L	RESPONDENT'S BANKING AND AUDITOR DETAILS	Y <input type="checkbox"/> / N <input type="checkbox"/>
M	COMPULSORY ENTERPRISE QUESTIONNAIRE	Y <input type="checkbox"/> / N <input type="checkbox"/>
N	DECLARATION OF INTEREST	Y <input type="checkbox"/> / N <input type="checkbox"/>
SDB 4	DECLARATION OF INTEREST	Y <input type="checkbox"/> / N <input type="checkbox"/>
SDB 8	DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES	Y <input type="checkbox"/> / N <input type="checkbox"/>
SBD 9	CERTIFICATE OF INDEPENDENT BID DETERMINATION	Y <input type="checkbox"/> / N <input type="checkbox"/>

**NOTES TO RESPONDENT**

- a) Submission schedules have been based on the CIDB Standard for Uniformity in Construction Procurement and incorporate National Treasury and Eastern Cape Department of Transport requirements.
- b) Failure to submit fully completed relevant submission documents may render such a tender offer non-responsive.
- c) Respondents shall note that their signature appended to each submission schedule represents a declaration that they vouch for the accuracy and correctness of the information provided.
- d) Notwithstanding any check or audit conducted by or on behalf of the Employer, the information provided in the submission schedules and / or supporting documentation is accepted in good faith and as justification for entering into a Panel of Contractor(s) agreement with a respondent. If subsequently any information is found to be incorrect such discovery shall be taken as willful misrepresentation by that respondent to induce the Panel of Contractor(s) agreement. In such event:
  - i. the Employer shall inform the respondent and give the respondent an opportunity to make representations within fourteen (14) days as to why the submitted submission should not be disqualified in terms of the Conditions for the calling for Expressions of Interest and as to why the Employer should not apply any other measures available;
  - ii. if the Employer has already entered into a Panel of Contractor(s) agreement with the respondent, the Employer has the discretionary right under the Conditions of Agreement to terminate the agreement.
- e) All supporting documentation and certificates shall be securely attached to the applicable submission schedules. It is the responsibility of the respondent to ensure no loose or unsecure pages are present in the submitted submission which may render the submission non-responsive.
- f) Where the space provided in the submission documents is insufficient the respondent may, **after giving written notice to the Employer**, draw up separate schedules in accordance with the given formats. These schedules shall then be bound together with a suitable contents page and submitted with the submission. All such schedules must be signed and clearly marked as appendices to the relevant submission schedules. **The Employer does not take any responsibility for any separate schedules lost during the submission evaluation process.**
- g) **All submission schedules and other submission documents must be single sided printed only.**

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS

**PART E2.2: SUBMISSION SCHEDULES**

**SBD 1: INVITATION TO BID AND TERMS AND CONDITIONS FOR BIDDING****PART A: INVITATION TO BID**

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE EASTERN CAPE DEPARTMENT OF TRANSPORT					
BID NUMBER:	SCMU10-24/25-0020	CLOSING DATE:	17-February-2025	CLOSING TIME:	11H00
DESCRIPTION	APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS				
<b>BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>					
Eastern Cape Department of Transport					
32 Cowan Close, Flemming Street					
Room C1, Stellenbosch Park Building					
Schornville, King Williams Town, 5601					
<b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>			<b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>		
CONTACT PERSON	Mr. P Nqikashe		CONTACT PERSON	Mr. L Hlathuka	
TELEPHONE NUMBER	067-419-8001		TELEPHONE NUMBER	078-105-3447	
FACSIMILE NUMBER	Not available		FACSIMILE NUMBER	Not available	
E-MAIL ADDRESS	Philasande.Nqikashe@ectransport.gov.za		E-MAIL ADDRESS	Ludwe.Hlathuka@ectransport.gov.za	
<b>SUPPLIER INFORMATION</b>					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		OR	CENTRAL SUPPLIER DATABASE No:	MAAA
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSES) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>					
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]		ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES, ANSWER THE QUESTIONNAIRE BELOW ]	
<b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>					
IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE A BRANCH IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.</b>					

**PART B – TERMS AND CONDITIONS FOR BIDDING**

<b>1. BID SUBMISSION:</b>	
1.1	BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
1.2	<b>ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.</b>
1.3	THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
1.4	<b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).</b>
<b>2. TAX COMPLIANCE REQUIREMENTS</b>	
2.1	BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2.2	BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER’S PROFILE AND TAX STATUS.
2.3	APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.
2.4	BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
2.5	IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
2.6	WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
2.7	NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE.”

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....  
 (Proof of authority must be submitted e.g. company resolution)

DATE: .....

**SIGNED BY RESPONDENT:.....**

**A: SELECTED PANEL OF CONTRACTOR(S) AGREEMENT SCOPE OF WORK**

Notes to respondent:

1. The respondent must indicate, by ticking the applicable box(es), for which Panel of Contractor(s) agreement type of scope of work the respondent is submitting a submission.
2. Compliance with the requirements of this submission schedule is deemed a **material responsiveness criteria**.

..... **(name of respondent)** hereby submit

a submission for the following Panel of Contractor(s) agreement type of scope of work, which form part of submission no.: **SCMU10-24/25-0020**

	PANEL OF CONTRACTOR(S) AGREEMENT TYPE OF SCOPE OF WORK:	<i>(Tick applicable box)</i>
	<b>EASTERN CAPE – BHISHO AIRPORT</b>	
	<b>PART A - BUILDING MAINTENANCE PROJECTS</b>	
	<b>PART B - CIVIL ENGINEERING MAINTENANCE PROJECTS</b>	
	<b>PART C - ELECTRICAL ENGINEERING MAINTENANCE PROJECTS</b>	

	PANEL OF CONTRACTOR(S) AGREEMENT TYPE OF SCOPE OF WORK:	<i>(Tick applicable box)</i>
	<b>EASTERN CAPE – MTHATHA AIRPORT</b>	
	<b>PART A - BUILDING MAINTENANCE PROJECTS</b>	
	<b>PART B - CIVIL ENGINEERING MAINTENANCE PROJECTS</b>	
	<b>PART C - ELECTRICAL ENGINEERING MAINTENANCE PROJECTS</b>	

**B: CERTIFICATE OF AUTHORITY FOR SIGNATORY**

Notes to respondent:

- 1. The signatory for the respondent shall confirm his/her authority thereto by attaching, to the submission schedule, on the respondent company's letterhead a duly signed and dated copy of the relevant resolution of the board of directors/partners.
- 2. In the event that the respondent is a joint venture, a certificate is required from each member of the joint venture clearly setting out authority for signatory.
- 3. The resolution below is given as an example of an acceptable format for authorisation, but submission of this page with the example completed shall not be accepted as authorisation of the respondent's signatory.
- 4. Compliance with the requirements of this submission schedule is deemed a **material responsiveness criteria**.

**EXAMPLE BELOW:**

By resolution of the board of directors passed at a meeting held on .....

Mr/Ms .....

whose signature appears below, has been duly authorised to sign all documents in connection with the submission for **SCMU10-24/25-0020** and any Panel of Contractor(s) agreement or contract that may arise therefrom on behalf of

.....  
*(name of respondent in block capitals)*

SIGNED ON BEHALF OF THE COMPANY: .....

IN HIS/HER CAPACITY AS: .....

DATE: .....

SIGNATURE OF SIGNATORY: .....

WITNESS: .....

SIGNATURE

SIGNATURE

.....  
NAME (PRINT)

.....  
NAME (PRINT)

**SIGNED BY RESPONDENT:**.....



**C: REGISTRATION WITH THE CONSTRUCTION INDUSTRY DEVELOPMENT BOARD**

Notes to respondent:

1. The respondent shall attach to this submission schedule a printed copy of the Active Contractor's Listing off the Construction Industry Development Board (CIDB) website ([www.cidb.org.za](http://www.cidb.org.za)).
2. Respondents whose CIDB registration expires within 21 days after close of submission should attach proof of their application for re-registration.
3. In the case of a joint venture (JV):
  - (a) a printed copy of the Active Contractor's Listing must be provided for each member of the JV; and
  - (b) a signed copy of the JV Agreement must be attached to submission schedule **G: JOINT VENTURE DISCLOSURE**

**IN CASE OF SINGLE TENDERING ENTITY:**

Name of Contractor: .....

Contractor Grading Designation: 

GB	<input type="checkbox"/>
----	--------------------------

CE	<input type="checkbox"/>
----	--------------------------

EB	<input type="checkbox"/>
----	--------------------------

 class of construction work

CIDB Contractor Registration Number: .....

Expiry Date: .....

**IN CASE OF A JOINT VENTURE:**

*Lead member if Joint Venture*

Name of Contractor: .....

Contractor Grading Designation: 

GB	<input type="checkbox"/>
----	--------------------------

CE	<input type="checkbox"/>
----	--------------------------

EB	<input type="checkbox"/>
----	--------------------------

 class of construction work

CIDB Contractor Registration Number: .....

Expiry Date: .....

*Other member(s) of Joint Venture*

Name of Contractor: .....

Contractor Grading Designation: 

GB	<input type="checkbox"/>
----	--------------------------

CE	<input type="checkbox"/>
----	--------------------------

EB	<input type="checkbox"/>
----	--------------------------

 class of construction work

CIDB Contractor Registration Number: .....

Expiry Date: .....

Name of Contractor: .....

Contractor Grading Designation: 

GB	<input type="checkbox"/>
----	--------------------------

CE	<input type="checkbox"/>
----	--------------------------

EB	<input type="checkbox"/>
----	--------------------------

 class of construction work

CIDB Contractor Registration Number: .....

Expiry Date: .....

(Attached additional pages if more space is required.)

**SIGNED BY RESPONDENT:**.....

**D: SIMILAR PROJECTS COMPLETED BY THE RESPONDENT (including TABLE A of this schedule)**

Notes to respondent:

1. The respondent must provide, in **Table A, TABLE B, TABLE C, and Table D** of this submission schedule, information of similar project(s) completed by the respondent as defined in **CLAUSE D.2.1.3 OF E1.2: SUBMISSION DATA**.
2. For each similar project listed by the respondent in **TABLE A, TABLE B, TABLE C, and Table D**, the respondent must attach:
  - (a) the **COMPLETION CERTIFICATE** of the project; and
  - (b) a completed and signed submission schedule:

**PART A - D(A): SIMILAR BUILDING MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM** for similar **BUILDING MAINTENANCE PROJECTS**, when submitting a submission for Building Maintenance Panel only.

And/or

**Part B - D(B): SIMILAR CIVIL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM** for similar **CIVIL MAINTENANCE PROJECTS**, when submitting a submission for Civil Maintenance Panel projects only.

And/or

**PART C - D(C): SIMILAR ELECTRICAL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM** for similar **ELECTRICAL MAINTENANCE PROJECTS**, when submitting a submission for Electrical Maintenance Panel projects only.

[ensure stamp of employer or consulting engineer is on the forms].

3. The respondent shall indicate in **TABLE A, TABLE B, TABLE C, and Table D**, were applicable, if the similar project was completed as:
  - (a) a principal contractor (PC);
  - (b) a joint venture (JV) member;
4. The respondent must only list defined similar project(s) completed, in **TABLE A** provided. **DO NOT** attach a separate list of projects; and **DO NOT** include projects which are not defined as similar project.
5. The information supplied by the respondent in **TABLE A, TABLE B, TABLE C, and Table D** and attached supporting documentation [similar project completed verification form(s) and completion certificate(s)] to this submission schedule will be deemed material in terms of the Employer's evaluation of the submitted submission.
6. Compliance with **CLAUSE D.2.1.3 OF E1.2: SUBMISSION DATA** and this submission schedule is deemed a **material responsiveness criteria**.

**SIGNED BY RESPONDENT:**.....

**TABLE A: LIST OF SIMILAR BUILDING MAINTENANCE PROJECTS COMPLETED FOR SUBMISSION D(A)**

CONTRACT NAME AND CONTRACT NUMBER	EMPLOYER	WORK DONE AS A (tick applicable box)	SHORT DESCRIPTION OF WORKS COMPLETED	DURATION OF WORKS COMPLETED	COMPLETION DATE (dd/mm/yyyy)	VERIFICATION FORM ATTACHED (tick applicable box)
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>

SIGNED BY RESPONDENT: .....

**TABLE B: LIST OF SIMILAR CIVIL MAINTENANCE PROJECTS COMPLETED FOR SUBMISSION D(B)**

CONTRACT NAME AND CONTRACT NUMBER	EMPLOYER	WORK DONE AS A (tick applicable box)	SHORT DESCRIPTION OF WORKS COMPLETED	DURATION OF WORKS COMPLETED	COMPLETION DATE (dd/mm/yyyy)	VERIFICATION FORM ATTACHED (tick applicable box)
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>

SIGNED BY RESPONDENT: .....

**TABLE C: LIST OF SIMILAR ELECTRICAL MAINTENANCE PROJECTS COMPLETED FOR SUBMISSION D(C)**

CONTRACT NAME AND CONTRACT NUMBER	EMPLOYER	WORK DONE AS A (tick applicable box)	SHORT DESCRIPTION OF WORKS COMPLETED	DURATION OF WORKS COMPLETED	COMPLETION DATE (dd/mm/yyyy)	VERIFICATION FORM ATTACHED (tick applicable box)
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>
		PC <input type="checkbox"/> JV <input type="checkbox"/>				D(A) <input type="checkbox"/> D(B) <input type="checkbox"/> D(C) <input type="checkbox"/>

SIGNED BY RESPONDENT: .....

**D(A): BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 1 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(A):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(A):**  
*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **BUILDING MAINTENANCE PROJECT** is defined as :

- Inspecting and repairing roof leaks, gutters and down pipes.
- Replacing doors, lockset and Automatic hydraulic closer.
- Maintain defects on the walls, floors and ceilings.
- Replace Damaged windows/window panes.
- Address foundation issues.
- Sprinkler system and fire installation.
- Firefighting equipment (Extinguisher, hydrants, Signs)
- Installation and/or repairing of perimeter fence.

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

.....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(A): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Inspecting and repairing roof leaks, gutters and down pipes.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing doors, lockset and Automatic hydraulic closer.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Maintain defects on the walls, floors and ceilings.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Replace Damaged windows/window panes.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Sprinkler system and fire installation.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Firefighting equipment (Extinguisher, hydrants, Signs)**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Installation and/or repairing of perimeter fence.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by: (state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

<p><b>COMPANY STAMP</b></p>
-----------------------------

*(Please return both pages to Respondent for submission with his submission)*

**D(A): BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 2 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(A):**

*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(A):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **BUILDING MAINTENANCE PROJECT** is defined as :

- Inspecting and repairing roof leaks, gutters and down pipes.
- Replacing doors, lockset and Automatic hydraulic closer.
- Maintain defects on the walls, floors and ceilings.
- Replace Damaged windows/window panes.
- Address foundation issues.
- Sprinkler system and fire installation.
- Firefighting equipment (Extinguisher, hydrants, Signs)
- Installation and/or repairing of perimeter fence.

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

.....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**



**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYEE**

**SECTION B OF FORM D(A): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Inspecting and repairing roof leaks, gutters and down pipes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing doors, lockset and Automatic hydraulic closer.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Maintain defects on the walls, floors and ceilings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Replace Damaged windows/window panes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Sprinkler system and fire installation.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Firefighting equipment (Extinguisher, hydrants, Signs)**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Installation and/or repairing of perimeter fence.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by: (state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

<p>COMPANY STAMP</p>
----------------------

*(Please return both pages to Respondent for submission with his submission)*

**D(A):BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 3 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
 MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(A):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(A):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **BUILDING MAINTENANCE PROJECT** is defined as :

- Inspecting and repairing roof leaks, gutters and down pipes.
- Replacing doors, lockset and Automatic hydraulic closer.
- Maintain defects on the walls, floors and ceilings.
- Replace Damaged windows/window panes.
- Address foundation issues.
- Sprinkler system and fire installation.
- Firefighting equipment (Extinguisher, hydrants, Signs)
- Installation and/or repairing of perimeter fence.

**1. Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

.....

**2. Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(A): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?)**

**4.1 Inspecting and repairing roof leaks, gutters and down pipes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing doors, lockset and Automatic hydraulic closer.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Maintain defects on the walls, floors and ceilings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Replace Damaged windows/window panes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Sprinkler system and fire installation.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Firefighting equipment (Extinguisher, hydrants, Signs)**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Installation and/or repairing of perimeter fence.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by: *(state name & surname)* .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

COMPANY STAMP
---------------

*(Please return both pages to Respondent for submission with his submission)*

**D(A): BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 4 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF/ CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE  
OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR  
36 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(A):**

*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(A):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **BUILDING MAINTENANCE PROJECT** is defined as :

- Inspecting and repairing roof leaks, gutters and down pipes.
- Replacing doors, lockset and Automatic hydraulic closer.
- Maintain defects on the walls, floors and ceilings.
- Replace Damaged windows/window panes.
- Address foundation issues.
- Sprinkler system and fire installation.
- Firefighting equipment (Extinguisher, hydrants, Signs)
- Installation and/or repairing of perimeter fence.

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

If **NO**, please state reasons:

.....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(A): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Inspecting and repairing roof leaks, gutters and down pipes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing doors, lockset and Automatic hydraulic closer.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Maintain defects on the walls, floors and ceilings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Replace Damaged windows/window panes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Sprinkler system and fire installation.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Firefighting equipment (Extinguisher, hydrants, Signs)**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Installation and/or repairing of perimeter fence.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by: (state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

COMPANY STAMP
---------------

***(Please return both pages to Respondent for submission with his submission)***

**D(A):BUILDING MAINENANCE PROJECT COMPLETED VERIFICATION FORM 5 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(A):**

*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(A):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **BUILDING MAINTENANCE PROJECT** is defined as :

- Inspecting and repairing roof leaks, gutters and down pipes.
- Replacing doors, lockset and Automatic hydraulic closer.
- Maintain defects on the walls, floors and ceilings.
- Replace Damaged windows/window panes.
- Address foundation issues.
- Sprinkler system and fire installation.
- Firefighting equipment (Extinguisher, hydrants, Signs)
- Installation and/or repairing of perimeter fence.

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

If **NO**, please state reasons:

.....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(A): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?)**

**4.1 Inspecting and repairing roof leaks, gutters and down pipes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing doors, lockset and Automatic hydraulic closer.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Maintain defects on the walls, floors and ceilings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Replace Damaged windows/window panes.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Sprinkler system and fire installation.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Firefighting equipment (Extinguisher, hydrants, Signs)**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Installation and/or repairing of perimeter fence.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

COMPANY STAMP
---------------

***(Please return both pages to Respondent for submission with his submission)***

**D(B): CIVIL MAINENANCE PROJECT COMPLETED VERIFICATION FORM 1 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(B):**

*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(B):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **CIVIL MAINTENANCE PROJECT** is defined as :

- Perform regular crack sealing
- Apply surface treat to extend pavement life.
- Conduct periodic resurfacing
- Clean and maintain drainage ditches, culverts and inlets.
- Repaint faded markings on the taxiways, runway and parking-lot(s).
- Replace damaged or missing signs.
- Maintenance of perimeter roads.
- Alteration and/or sandblasting of Runway/Taxiway/Apron markings.
- Sewer Desludging.
- Installation and/or repairs of water installations and waste water drainage systems.
- Runway Friction Test

**1. Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

**2. Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**



**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

Page 2 of 3

**SECTION B OF FORM D(A): (continues)****Did the Respondent (then Contractor) execute the following works on the contract?****4.1 Perform regular crack sealing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Pre-treatment of existing surfacing.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Conduct periodic resurfacing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Clean and maintain drainage ditches, culverts and inlets**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Repaint faded markings on the taxiways, runway and parking-lot(s).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Replace damaged or missing signs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Maintenance of perimeter roads.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.8 Alteration and/or sandblasting of Runway/Taxiway/Apron markings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.9 Sewer system Desludging.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.10 Installation and/or repairs of water installations and waste water drainage systems.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.11 Runway Friction Test**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**CONTINUE TO NEXT PAGE**

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....



**D(B): CIVIL MAINENANCE PROJECT COMPLETED VERIFICATION FORM 2 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
 MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(B):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(B):**  
*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **CIVIL MAINTENANCE PROJECT** is defined as :

- Perform regular crack sealing
- Apply surface treat to extend pavement life.
- Conduct periodic resurfacing
- Clean and maintain drainage ditches, culverts and inlets.
- Repaint faded markings on the taxiways, runway and parking-lot(s).
- Replace damaged or missing signs.
- Maintenance of perimeter roads.
- Alteration and/or sandblasting of Runway/Taxiway/Apron markings.
- Sewer Desludging.
- Installation and/or repairs of water installations and waste water drainage systems.
- Runway Friction Test

**1. Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:  
 .....

**2. Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

Page 2 of 3

**SECTION B OF FORM D(A): (continues)****Did the Respondent (then Contractor) execute the following works on the contract?****4.1 Perform regular crack sealing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Pre-treatment of existing surfacing.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Conduct periodic resurfacing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Clean and maintain drainage ditches, culverts and inlets**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Repaint faded markings on the taxiways, runway and parking-lot(s).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Replace damaged or missing signs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Maintenance of perimeter roads.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.8 Alteration and/or sandblasting of Runway/Taxiway/Apron markings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.9 Sewer system Desludging.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.10 Installation and/or repairs of water installations and waste water drainage systems.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.11 Runway Friction Test**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....



**D(B): CIVIL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 3 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
 MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(B):**

*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(B):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **CIVIL MAINTENANCE PROJECT** is defined as :

- Perform regular crack sealing
- Apply surface treat to extend pavement life.
- Conduct periodic resurfacing
- Clean and maintain drainage ditches, culverts and inlets.
- Repaint faded markings on the taxiways, runway and parking-lot(s).
- Replace damaged or missing signs.
- Maintenance of perimeter roads.
- Alteration and/or sandblasting of Runway/Taxiway/Apron markings.
- Sewer Desludging.
- Installation and/or repairs of water installations and waste water drainage systems.
- Runway Friction Test

**1. Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

.....

**2. Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

Page 2 of 3

**SECTION B OF FORM D(A): (continues)****Did the Respondent (then Contractor) execute the following works on the contract?****4.1 Perform regular crack sealing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Pre-treatment of existing surfacing.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Conduct periodic resurfacing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Clean and maintain drainage ditches, culverts and inlets**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Repaint faded markings on the taxiways, runway and parking-lot(s).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Replace damaged or missing signs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Maintenance of perimeter roads.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.8 Alteration and/or sandblasting of Runway/Taxiway/Apron markings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.9 Sewer system Desludging.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.10 Installation and/or repairs of water installations and waste water drainage systems.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.11 Runway Friction Test**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**CONTINUE TO NEXT PAGE**

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....





**D(B): CIVIL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 4 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
 MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(B):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(B):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **CIVIL MAINTENANCE PROJECT** is defined as :

- Perform regular crack sealing
- Apply surface treat to extend pavement life.
- Conduct periodic resurfacing
- Clean and maintain drainage ditches, culverts and inlets.
- Repaint faded markings on the taxiways, runway and parking-lot(s).
- Replace damaged or missing signs.
- Maintenance of perimeter roads.
- Alteration and/or sandblasting of Runway/Taxiway/Apron markings.
- Sewer Desludging.
- Installation and/or repairs of water installations and waste water drainage systems.
- Runway Friction Test

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(A): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Perform regular crack sealing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Pre-treatment of existing surfacing.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Conduct periodic resurfacing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Clean and maintain drainage ditches, culverts and inlets**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Repaint faded markings on the taxiways, runway and parking-lot(s).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Replace damaged or missing signs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Maintenance of perimeter roads.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.8 Alteration and/or sandblasting of Runway/Taxiway/Apron markings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.9 Sewer system Desludging.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.10 Installation and/or repairs of water installations and waste water drainage systems.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.11 Runway Friction Test**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**CONTINUE TO NEXT PAGE**

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....



**D(B): CIVIL MAINTENANCE PROJECT COMPLETED VERIFICATION FORM 5 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF  
 MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36  
 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(B):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(B):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **CIVIL MAINTENANCE PROJECT** is defined as :

- Perform regular crack sealing
- Apply surface treat to extend pavement life.
- Conduct periodic resurfacing
- Clean and maintain drainage ditches, culverts and inlets.
- Repaint faded markings on the taxiways, runway and parking-lot(s).
- Replace damaged or missing signs.
- Maintenance of perimeter roads.
- Alteration and/or sandblasting of Runway/Taxiway/Apron markings.
- Sewer Desludging.
- Installation and/or repairs of water installations and waste water drainage systems.
- Runway Friction Test

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:  
 .....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

Page 2 of 3

**SECTION B OF FORM D(A): (continues)****Did the Respondent (then Contractor) execute the following works on the contract?****4.1 Perform regular crack sealing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Pre-treatment of existing surfacing.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Conduct periodic resurfacing**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Clean and maintain drainage ditches, culverts and inlets**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Repaint faded markings on the taxiways, runway and parking-lot(s).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Replace damaged or missing signs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Maintenance of perimeter roads.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.8 Alteration and/or sandblasting of Runway/Taxiway/Apron markings.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.9 Sewer system Desludging.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.10 Installation and/or repairs of water installations and waste water drainage systems.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.11 Runway Friction Test**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**CONTINUE TO NEXT PAGE**

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....



**ELECTRICAL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM 1 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE  
OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR  
36 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(C):**

*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(C):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **ELECTRICAL MAINTENANCE PROJECT** is defined as :

- Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.
- Replacing switches and plugs.
- Fault finding.
- Maintenance of Distribution Boards.
- Replace/Maintenance of Automatic doors.
- Servicing of Uninterrupted Power Supply (UPS).
- Electronics

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

If **NO**, please state reasons:

.....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(C): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Replacing of Lights for domestic use, street lights and perimeter fence lights.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing switches and plugs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Fault finding.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Maintenance of Distribution Boards.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Replace/Maintenance of Automatic doors**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Servicing of Uninterrupted Power Supply (UPS).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Electronics**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

<p><b>COMPANY STAMP</b></p>
-----------------------------



**ELECTRICAL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM 2 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
FOR SUBMISSION NO. SCMU10-24/25-0020  
APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE  
OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR  
36 MONTHS**

**NAME OF RESPONDENT:** .....

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
EMPLOYER**

**SECTION A OF FORM D(C):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(C):**  
*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **ELECTRICAL MAINTENANCE PROJECT** is defined as :

- Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.
- Replacing switches and plugs.
- Fault finding.
- Maintenance of Distribution Boards.
- Replace/Maintenance of Automatic doors.
- Servicing of Uninterrupted Power Supply (UPS).
- Electronics

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

If **NO**, please state reasons:  
.....

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(C): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Replacing of Lights for domestic use, street lights and perimeter fence lights.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing switches and plugs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Fault finding.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Maintenance of Distribution Boards.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Replace/Maintenance of Automatic doors**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Servicing of Uninterrupted Power Supply (UPS).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Electronics**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by: (state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

<p>COMPANY STAMP</p>
----------------------

**ELECTRICAL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM 3 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO SCMU10-24/25-0020.  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE  
 OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR  
 36 MONTHS  
 NAME OF RESPONDENT: .....**

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(C):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(C):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **ELECTRICAL MAINTENANCE PROJECT** is defined as :

- Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.
- Replacing switches and plugs.
- Fault finding.
- Maintenance of Distribution Boards.
- Replace/Maintenance of Automatic doors.
- Servicing of Uninterrupted Power Supply (UPS).
- Electronics

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(C): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.8 Replacing of Lights for domestic use, street lights and perimeter fence lights.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.9 Replacing switches and plugs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.10 Fault finding.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.11 Maintenance of Distribution Boards.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.12 Replace/Maintenance of Automatic doors**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.13 Servicing of Uninterrupted Power Supply (UPS).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.14 Electronics**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by: (state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

COMPANY STAMP
---------------

**ELECTRICAL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM 4 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE  
 OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR  
 36 MONTHS  
 NAME OF RESPONDENT: .....**

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(C):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(C):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **ELECTRICAL MAINTENANCE PROJECT** is defined as :

- Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.
- Replacing switches and plugs.
- Fault finding.
- Maintenance of Distribution Boards.
- Replace/Maintenance of Automatic doors.
- Servicing of Uninterrupted Power Supply (UPS).
- Electronics

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(C): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Replacing of Lights for domestic use, street lights and perimeter fence lights.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing switches and plugs.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Fault finding.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Maintenance of Distribution Boards.**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Replace/Maintenance of Automatic doors**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Servicing of Uninterrupted Power Supply (UPS).**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Electronics**

<b>YES</b>	<b>NO</b>	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

COMPANY STAMP
---------------

**ELECTRICAL MAINTENANCE PROJECTS COMPLETED VERIFICATION FORM 5 (one verification form required for each listed project)**

**SIMILAR PROJECT VERIFICATION FORM (QUESTIONNAIRE)  
 FOR SUBMISSION NO. SCMU10-24/25-0020  
 APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE  
 OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR  
 36 MONTHS  
 NAME OF RESPONDENT: .....**

**VERIFICATION OF RESPONDENT’S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR  
 EMPLOYER**

**SECTION A OF FORM D(C):**  
*[To be completed by the respondent.]*

**CONTRACT NO.:** .....

**CONTRACT NAME:** .....

.....

**EMPLOYER:** .....

**CONTRACTOR:** .....

**CONSULTING ENGINEER:** .....

**VALUE OF WORKS AT COMPLETION (INCL. VAT): R** .....

**MONTH/YEAR COMPLETED:** .....

**SECTION B OF FORM D(C):**

*[To be completed by Consulting Engineer or Employer for the CONTRACT NO. indicated in SECTION A of form D(A)]*

In terms of this submission a similar **ELECTRICAL MAINTENANCE PROJECT** is defined as :

- Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.
- Replacing switches and plugs.
- Fault finding.
- Maintenance of Distribution Boards.
- Replace/Maintenance of Automatic doors.
- Servicing of Uninterrupted Power Supply (UPS).
- Electronics

1. **Was a certificate of completion, in terms of the condition of contract, issued to the contractor?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

If **NO**, please state reasons:

2. **Was the project located within the EASTERN CAPE PROVINCE?**

<b>YES</b>	<b>NO</b>	<i>(TICK APPLICABLE BOX)</i>

**CONTINUE TO NEXT PAGE**

**VERIFICATION OF RESPONDENT'S INDICATED SIMILAR PROJECT BY CONSULTING ENGINEER OR EMPLOYER**

**SECTION B OF FORM D(C): (continues)**

**Did the Respondent (then Contractor) execute the following works on the contract?**

**4.1 Replacing of Lights for domestic use, street lights and perimeter fence lights.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.2 Replacing switches and plugs.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.3 Fault finding.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.4 Maintenance of Distribution Boards.**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Replace/Maintenance of Automatic doors**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.6 Servicing of Uninterrupted Power Supply (UPS).**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**4.7 Electronics**

YES	NO	(TICK APPLICABLE BOX)
<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Consulting Engineer or Employer:**

Verification information supplied by:  
(state name & surname) .....

Designation on Project: .....

Company: .....

Signature: ..... Date: .....

**Contact Details:**

Tel No.: .....

Email: .....

COMPANY STAMP
---------------



**E: RESPONDENT'S KEY PERSONNEL (including TABLES E and F of this schedule)**

Notes to respondent:

1. The respondent must provide, in **TABLES E, F and G** of this submission schedule, required information of the respondent's key personnel as defined in **CLAUSE D.2.1.4 OF E1.2: SUBMISSION DATA**.
2. For key personnel listed by the respondent in **TABLES E, F and G**, the respondent must attach:
  - (a) proof of required professional registration with the specified professional body and that the professional registration is currently active.
  - (b) if the key personnel listed by the respondent is not currently in the employment of the respondent, provide letter of intent as defined in **CLAUSE D.2.1.4 OF E1.2: SUBMISSION DATA**.
3. **TABLES E, F and G** provides space for the respondent to provide details of the key personnel and define experience required, as defined in **CLAUSE D.2.1.4 OF E1.2: SUBMISSION DATA**.
4. A CV of the respondent's key personnel is **NOT REQUIRED** in terms of this tender as **TABLES E and F**, completed by the respondent as instructed, provides for the required information.
5. The information supplied by the respondent in **TABLE E, F and G** and attached supporting documentation [proof of professional registration and letter of intent (if applicable)] to this submission schedule will be deemed material in terms of the Employer's evaluation of the submitted submission.
6. Compliance with **CLAUSE D.2.1.4 OF E1.2: SUBMISSION DATA** and this submission schedule is deemed a **material responsiveness criteria**.

**TABLE E: RESPONDENT’S KEY PERSONNEL (SITE AGENT) FOR SUBMISSION SCHEDULE E**

NAME	KEY POSITION: SITE AGENT	CURRENTLY EMPLOYMENT BY RESPONDENT YES OR NO	NO. OF YEARS EXPERIENCE			
List only applicable information relevant to the type and duration of experience required (Start with latest experience)						
CLIENT AND PROJECT NAME	DESCRIPTION OF PROJECT	PROJECT END AND DURATION ON PROJECT	VALUE OF PROJECT	POSITION HELD	CONTACT PERSON AND FIRM	CONTACT NO.

SIGNED BY RESPONDENT: .....

**TABLE F: RESPONDENT'S KEY PERSONNEL (FOREMAN) FOR SUBMISSION SCHEDULE E**

NAME	KEY POSITION: FOREMAN		CURRENTLY EMPLOYMENT BY RESPONDENT YES OR NO	NO. OF YEARS EXPERIENCE			
List only applicable information relevant to the type and duration of experience required (Start with latest experience)							
CLIENT AND PROJECT NAME	DESCRIPTION OF PROJECT	SPECIFY WHICH FIELD OF SPECIALITY i.e. <i>Building, civil, and electrical.</i>	PROJECT END AND PROJECT DURATION	VALUE OF PROJECT	POSITION HELD	CONTACT PERSON AND FIRM	CONTACT NO.

SIGNED BY RESPONDENT: .....

**TABLE G: RESPONDENT'S KEY PERSONNEL (CONSTRUCTION HEALTH AND SAFETY OFFICER) FOR SUBMISSION SCHEDULE**

NAME	KEY POSITION: CONSTRUCTION HEALTH AND SAFETY OFFICER	CURRENTLY EMPLOYMENT BY RESPONDENT YES OR NO:	NO. OF YEARS EXPERIENCE			
List only applicable information relevant to the type and duration of experience required (Start with latest experience)						
CLIENT AND PROJECT NAME	DESCRIPTION OF PROJECT	PROJECT END AND DURATION ON PROJECT	VALUE OF PROJECT	POSITION HELD	CONTACT PERSON AND FIRM	CONTACT NO.

SIGNED BY RESPONDENT: .....

**G: JOINT VENTURE AGREEMENT DISCLOSURE (if applicable)**

Notes to respondent:

- 1. If submitting a submission as a joint venture (JV), attach a signed copy of the JV Agreement to this submission schedule.
- 2. In case of a JV please note additional requirements in terms of Submission Schedules:
  - B: CERTIFICATE OF AUTHORITY FOR SIGNATORY
  - C: REGISTRATION WITH THE CONSTRUCTION INDUSTRY DEVELOPMENT BOARD
  - H: REGISTRATION ON NATIONAL TREASURY CENTRAL SUPPLIER DATABASE
  - I: DECLARATION IN RESPECT OF COMPLIANCE WITH LABOUR LEGISLATION
  - N: RESPONDENT'S BANKING AND AUDITOR DETAILS
  - P: COMPULSORY ENTERPRISE QUESTIONNAIRE
  - SBD 4: DECLARATION OF INTEREST
  - SBD 6.1: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022
  - SBD 8: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

SIGNED BY RESPONDENT:.....

**H: REGISTRATION ON NATIONAL TREASURY CENTRAL SUPPLIER DATABASE**

Notes to respondent:

- 1. The respondent must be registered the National Treasury Central Supplier Database and tax status must be compliant, in terms of National Treasury requirements, prior to the Employer’s evaluation of the submitted submission.
- 2. The respondent shall complete this submission schedule and attach a printed copy of the Active Supplier Listing on the National Treasury Central Supplier Database ([www.treasury.go.za](http://www.treasury.go.za)). In the case of a joint venture (JV), the respondent shall provide printed copies of the Active Supplier Listing on the National Treasury Central Supplier Database for each member of the JV.

**IN CASE OF SINGLE TENDERING ENTITY:**

Name of Supplier: .....

Central Supplier Database Supplier Number: .....

**IN CASE OF A JOINT VENTURE:**

*Lead member if Joint Venture*

Name of Supplier: .....

Central Supplier Database Supplier Number: .....

*Other member(s) of Joint Venture*

Name of Supplier: .....

Central Supplier Database Supplier Number: .....

Name of Supplier: .....

Central Supplier Database Supplier Number: .....

(Attached additional pages if more space is required.)

**SIGNED BY RESPONDENT:**.....

**I: DECLARATION IN RESPECT OF COMPLIANCE WITH LABOUR LEGISLATION**

Notes to respondent:

- 1. The tender must attach to this submission schedule proof of registration with applicable Bargaining Council. In case of a joint venture (JV) each member of the JV must be registered and attach proof of registration.
- 2. The respondent's declaration in terms of this submission schedule will be deemed material in terms of the Employer's evaluation of the submitted submission.
- 3. Compliance with **CLAUSE D.2.1.5 of E1.2: SUBMISSION DATA** and this submission schedule is deemed a **material responsiveness criteria**.

**DECLARATION IN RESPECT OF COMPLIANCE WITH LABOUR LEGISLATION**

..... (name of respondent) hereby declare the following:

- 1. The respondent and any subcontractors shall be registered with the **Bargaining Council for the Civil Engineering Industry (BCCEI) and/or Building** prior to acceptance of a work package quotation offer.
- 2. The respondent and any subcontractors shall apply the rates for wages and conditions of labour agreed by the **Bargaining Council for the Civil Engineering Industry (BCCEI)** for any appointed framework contract.
- 3. The respondent shall include in the quotation rates and lump sums of a work package quotation pricing schedules for all labour costs related to the rates for wages and conditions of labour agreed by the **Bargaining Council for the Civil Engineering Industry (BCCEI)**.

by (name of respondent's representative) .....

(signature of respondent's representative) .....

and that the information provided by the respondent's representative are correct.

SIGNED BY RESPONDENT: .....  
SIGNATURE

.....  
NAME (PRINT)

WITNESS: .....  
SIGNATURE

.....  
NAME (PRINT)

SIGNED BY RESPONDENT:.....

**K: RECORD OF ADDENDA TO SUBMISSION DOCUMENTS**

We confirm that the following addenda issued by the Employer on the **Eastern Cape Department of Transport** website [www.ectransport.gov.za](http://www.ectransport.gov.za), before submitting the submission, amending the submission documents, have been taken into account in this submission:

	<b>Date</b>	<b>Title of Details</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

(Attach additional pages if required.)



SIGNED BY RESPONDENT:.....

**N: RESPONDENT'S BANKING AND AUDITOR DETAILS**

Notes to respondent:

- 1. The respondent shall provide his banking and auditor details as indicated below.
- 2. In the case of a joint venture (JV), the respondent shall provide banking and auditor details for each member of the JV.
- 3. The information supplied by the respondent in this submission schedule and any additional financial information of the respondent as may be requested by the Employer will be deemed material to the Employer's evaluation of the submitted submission.

**Bank Details -** Bank Name: .....

Address: .....

Account Number: .....

Contact Person: .....

Tel No.: .....

Fax No.: .....

**Auditor Details -** Firm Name: .....

Address: .....

Account Number: .....

Contact Person: .....

Tel No.: .....

Fax No.: .....

(Attach additional pages if required.)

SIGNED BY RESPONDENT:.....

**P: COMPULSORY ENTERPRISE QUESTIONNAIRE**

The following particulars must be furnished. In the case of a joint venture, separate enterprise questionnaires in respect of each partner must be completed and submitted.

**Section 1: Name of enterprise:** .....

**Section 2: VAT registration number, if any:** .....

**Section 3: cidb registration number, if any:** .....

**Section 4: Particulars of sole proprietors and partners in partnerships**

Name*	Identity number*	Personal income tax number*

\* Complete only if sole proprietor or partnership and attach separate page if more than 3 partners

**Section 5: Particulars of companies and close corporations**

Company registration number .....

Close corporation number .....

Tax reference number .....

**Section 6: The attached SBD4 must be completed for each submission and attached as a submission requirement**

**Section 7.1: The attached SBD6.1 must be completed for each submission and attached as a submission requirement (not applicable)**

**Section 7.2: The attached SBD6.2 must be completed for each submission and attached as a submission requirement (not applicable)**

**Section 8: The attached SBD8 must be completed for each submission and attached as a submission requirement**

**Section 9: The attached SBD9 must be completed for each submission and attached as a submission requirement**

The undersigned, who warrants that he / she is duly authorized to do so on behalf of the enterprise:

- i) authorizes the Employer to verify Tax Compliance status from the South African Revenue Services or the Centralised Suppliers Database (CSD);
- ii) confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
- iv) confirms that I / we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
- iv) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

Signed: ..... Date: .....

Name: ..... Position: .....

Enterprise name: .....

**SIGNED BY RESPONDENT:.....**

**SBD 4: DECLARATION OF INTEREST**

1. **Any legal person, including persons employed by the State, or persons having a kinship with persons employed by the State, including a blood relationship, may make an offer or offers in terms of this bid (includes a price quotation, 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 State, 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 State; 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, 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. **Definitions:**
- 2.1 "State" means:
- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
  - (b) any municipality or municipal entity;
  - (c) provincial legislature;
  - (d) national Assembly or the national Council of provinces; or
  - (e) Parliament.
- 2.2 "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.
3. **In case of a joint venture (JV), separate declaration of interest submission schedule is to be completed and submitted by each JV member.**
4. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**
- 4.1 Full Name of bidder or his or her representative:.....  
.....
- 4.2 Identity Number:.....
- 4.3 Position occupied in the Company (director, trustee, shareholder): .....
- 4.4 Company Registration Number:.....
- 4.5 Tax Reference Number:.....
- 4.6 VAT Registration Number: .....
- 4.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 5 below.

4.7 Are you or any person connected with the bidder presently employed by the State? YES / NO

4.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....

Name of State institution at which you or the person connected to the bidder is employed : .....

Position occupied in the State institution:.....

Any other particulars:

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

4.7.2 If you are presently employed by the State, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES / NO

4.7.2.1 If yes, did you attached proof of such authority to the bid document? YES / NO

**(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)**

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

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

4.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the State in the previous twelve months? YES / NO

4.8.1 If so, furnish particulars:

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

4.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the State and who may be involved with the evaluation and or adjudication of this bid? YES / NO

4.9.1 If so, furnish particulars.

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

4.10 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 the State who may be involved with the evaluation and or adjudication of this bid?

YES/NO

4.10.1 If so, furnish particulars.

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

4.11 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 bidding for this contract?

YES/NO

4.11.1 If so, furnish particulars:

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

**5 Full details of directors / trustees / members / shareholders.**

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Persal Number

**6 DECLARATION**

I, THE UNDERSIGNED (NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 4 and 5 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF D.3.6 OF THE CONDITIONS FOR THE CALLING FOR EXPRESSIONS OF INTEREST SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of bidder**

**SBD 6.1: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022**

Up to 100 minus W<sub>1</sub> tender evaluation points will be awarded to tenderers on the basis of the data supplied under the relevant Returnable Documents and Schedules.

The procedure for the evaluation of responsive tenders is <b>Method 2 (Financial Offer, and Preferences)</b> .	
	<b>Maximum number of tender evaluation points</b>
Price Component	80
Preferential Component	20
Total evaluation points	<b>100</b>

**Calculation of Points for Price (Max = 80 points) (P<sub>s</sub>)**

The points scored for Price will be calculated using the following formula:

$$P_s = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

Where  $P_s$  = points scored for price by tender under consideration

$P_{min}$  = price of lowest acceptable tender

$P_t$  = price of tender under consideration

Fractions will be rounded off to two places after the decimal comma.

**Preferential Component ( Max = 20 points) N<sub>EP</sub>**

<b>PREFERENTIAL SPECIFIC GOALS POINTS TABLE</b>		
The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (80/20 system) (To be completed by the tenderer)
<b>Historically Disadvantaged Individuals</b>		
Black ownership	10	% ownership as per CIPC / CSD
Women Equity Ownership	10	% ownership as per CIPC / CSD
<b>Locality:-</b>		
d) Preferred address in the King Sabata Dalindyebo Local Municipality or Buffalo City Metropolitan Municipality in the last 3 years.	10	
e) Outside King Sabata Dalindyebo Local Municipality or Amathole District Municipality no satellite office in OR Tambo District: - including preferred address less than 3 years - Alternative address less than 3 years	5	
f) Preferred address in the Eastern Cape Province in the last 3 years	3	

**SBD 8: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES**

1. The declaration:
  - (a) must form part of all bids submitted.
  - (b) in the case of a joint venture (JV), must be completed and submitted by each member of the JV.
2. This submission schedule serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder or any of its directors have:
  - (a) abused the institution's supply chain management system;
  - (b) committed fraud or any other improper conduct in relation to such system; or;
  - (c) failed to perform on any previous contract
4. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

ITEM	QUESTION	RESPONSE	
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? <b>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</b> The Database of Restricted Suppliers now resides on the National Treasury's website ( <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> ) and can be accessed by clicking on its link at the bottom of the home page.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of Section 29 of the Prevention and Combating of Corrupt Activities (No 12 of 2004)? <b>The Register for Tender Defaulters can be accessed on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		



**CERTIFICATION**

I, THE UNDERSIGNED (FULL NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**

SIGNED BY RESPONDENT:.....

**SBD 9: CERTIFICATE OF INDEPENDENT BID DETERMINATION**

1. The certificate:
  - (a) must form part of all bids<sup>1</sup> submitted.
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).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
3. Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
  - a. 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.
  - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
4. This SBD serves as a certificate of 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 Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

<sup>1</sup> Includes price quotations, advertised competitive bids, limited bids and proposals.

<sup>2</sup> 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 bid:

---

(Bid Number and Description)

in response to the invitation for the bid made by:

---

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: \_\_\_\_\_ that:  
(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized 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 bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
  - (a) has been requested to submit a bid in response to this bid invitation;
  - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - (c) 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 independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium<sup>3</sup> will not be construed as collusive bidding.

<sup>3</sup> 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:
  - (a) prices;
  - (b) geographical area where product or service will be rendered (market allocation);
  - (c) methods, factors or formulas used to calculate prices;
  - (d) the intention or decision to submit or not to submit, a bid;
  - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) 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**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**

**SIGNED BY RESPONDENT:.....**

**PROVINCE OF THE EASTERN CAPE**

**DEPARTMENT OF TRANSPORT**

**SUBMISSION NO.: SCMU10-24/25-0020**

**APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS**

<p><b>PART E3: EVALUATION CRITERIA</b></p>
--

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS

**PART E3: EVALUATION CRITERIA**

<b>SCHEDULE</b>	<b>DESCRIPTION</b>	
<b>PART E3</b>	<b>EVALUATION CRITERIA</b>	
	A: COMPLIANCE EVALUATION	E3.3
	B: ELIGIBILITY EVALUATION	E3.4

**B: COMPLIANCE EVALUATION FOR BUILDING MAINTENANCE**

All grade one (1) Service Providers will not be evaluated under the Functionality; however, the following will be applicable as a qualifying measure

Resolution of Signatory	<input type="checkbox"/>	SBD 1	<input type="checkbox"/>
Record of Addenda	<input type="checkbox"/>	SBD 4	<input type="checkbox"/>
Compulsory Enterprise Questionnaire	<input type="checkbox"/>	SBD 6.1	<input type="checkbox"/>
Proof of CSD Registration	<input type="checkbox"/>	SBD 8	<input type="checkbox"/>
		SBD 9	<input type="checkbox"/>
Valid CIDB Registration	<input type="checkbox"/>	Valid Letter of Good Standing	<input type="checkbox"/>
Company Profile (Key Personnel with <b>certified</b> qualification to be attached with this)	<input type="checkbox"/>	Location of Contractor (Proof of Address to be attached)	<input type="checkbox"/>

**All grade one (1) Service Providers must have all the boxes checked, if any of the boxes does not have a supporting document attached the Service Provider will not be considered for this Expression of Interest.**

**THE FOLLOWING IS APPLICABLE TO ALL OTHER SERVICE PROVIDERS EXCEPT GRADE ONE'S (1)**

The evaluation criteria and maximum score in respect of each of the criteria are given hereunder. A Service Provider scoring an average score below **60 points** in Functionality points will be considered as **DISQUALIFIED** for evaluation and will be discarded from any further evaluation

Quality Criteria	Evaluation Schedule	Maximum number of points
Expertise of Key Personnel	Schedule 1	30
Relevant project experience	Schedule 2	40
Specific Goals	Schedule 3	30
<b>Maximum possible score for Functionality</b>		<b>100</b>

Functionality shall be scored by not less than three evaluators in accordance with the above-mentioned schedules: The minimum number of evaluation points for quality is **60**. Total (Max) Points (C) is calculated by multiplying the Scale/Score (A) by the Weight (B): **A x B = C**

**B: ELIGIBILITY EVALUATION**

Clause Number	Submission Data	
	<b>Table 2: Apply for Grade 1-4</b>	
	<b>(EOI) SUBMISSION EVALUATION CRITERIA</b>	TOTAL (MAX) POINTS ( C )
	<b>1. EXPERTISE OF KEY PERSONNEL - 30 POINTS</b>	
	<b><u>Breakdown of Points:</u></b>	
	<b>SITE AGENT</b>	
	Attach a comprehensive resume/cv in area/s of entity's speciality with a minimum of 5 years' experience.	<b>10</b>
	Attach a comprehensive resume/cv in area/s of entity's speciality with a minimum of 3-4 years' experience.	<b>5</b>
	<b>FOREMAN</b>	
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 5 years' experience.	<b>10</b>
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3-4 years' experience.	<b>5</b>
	<b>CONSTRUCTION HEALTH AND SAFETY OFFICER</b>	
	Attach a comprehensive resume/cv in area/s of entity's speciality with a minimum of 5 years' experience.	<b>10</b>
	Attach a comprehensive resume/cv in area/s of entity's speciality with a minimum of 3-4 years' experience.	<b>5</b>
	<b>2. RELEVANT PROJECT EXPERIENCE - 40 POINTS</b>	
	<b>2.1. PROOF OF PROJECTS/EXPERIENCE RELATED TO THE SCOPE OF WORK FOR GRADE 1-2 (COMPLETION CERTIFICATES SIGNED ON A CLIENT LETTERHEAD MUST BE ATTACHED): 40 POINTS</b>	
	<b><u>Breakdown of Points:</u></b>	
	Service Provider must have completed at least 4 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	<b>40</b>
	Service Provider must have completed at least 3 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	<b>30</b>
	Service Provider with less than 2 projects in any of the above or did not submit Practical completion certificates or still I has projects under construction or not reached completion or incompatible with any of the above categories	<b>20</b>



<b>2. RELEVANT PROJECT EXPERIENCE – 40 POINTS</b>		
	<b>2.2. PROOF OF PROJECTS/EXPERIENCE RELATED TO THE SCOPE OF WORK FOR GRADE 3-4 (COMPLETION CERTIFICATES SIGNED ON A CLIENT LETTERHEAD MUST BE ATTACHED): 40 POINTS</b>	
	<ul style="list-style-type: none"> <li>Service Provider with <b>5</b> references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.</li> </ul>	<b>40</b>
	<ul style="list-style-type: none"> <li>Service Provider with <b>4</b> references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.</li> </ul>	<b>30</b>
	<ul style="list-style-type: none"> <li>Service Provider with <b>3</b> references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.</li> </ul>	<b>20</b>
<b>3. SPECIFIC GOALS – 30 POINTS</b>		
	<b>3.1. Black ownership</b>	<b>10</b>
	<b>3.2. Women Equity Ownership</b>	<b>10</b>
	<b>3.3. Locality:-</b>	
	a) Preferred address in the King Sabata Dalindyebo Local Municipality or Buffalo City Metropolitan Municipality in the last 3 years	<b>10</b>
	b) Outside King Sabata Dalindyebo Local Municipality or Amathole District Municipality no satellite office in OR Tambo District: - including preferred address less than 3 years	<b>5</b>
	c) Preferred address in the Eastern Cape Province in the last 3 years	<b>3</b>

**Service Providers are to take note of the following:**

- Proposed resources/personnel must be employed by the Service Provider at the time of submission, and this assertion must coincide with the employees CV. All qualifications and certificates must be valid and certified.
- A prospective Service Provider, upon appointment will be required to have an office (s) in the Eastern Cape Province.

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS

<p><b>PART E4: SCOPE OF WORKS</b></p>
---------------------------------------

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF TRANSPORT

SUBMISSION NO.: SCMU10-24/25-0020

APPOINTMENT OF A PANEL OF CONTRACTORS FOR EMERGENCY AND PLANNED MAINTENANCE OF MTHATHA AND BHISHO AIRPORT(S) BY THE EASTERN CAPE DEPARTMENT OF TRANSPORT FOR 36 MONTHS

<b>PART E4: INDICATIVE SCOPE OF WORKS</b>
---

<b>SCHEDULE</b>	<b>DESCRIPTION</b>	
<b>PART E4</b>	<b>INDICATIVE SCOPE OF WORKS</b>	
	A: SCOPE OF WORKS FOR BUILDING MAINTENANCE	E4.2
	B: SCOPE OF WORKS FOR CIVIL MAINTENANCE	E4.2
	C: SCOPE OF WORKS FOR ELECTRICAL MAINTENANCE	E4.2

**INDICATIVE SCOPE OF WORKS**

The objective of this call for an expression of interest is to prequalify interested CIDB registered Service Providers (as stated above) so that they can be invited to submit (EOI) submission for the maintenance and improvement of Mthatha Airport and Bisho Airport in the Eastern Cape Province where applicable

## Description of the works and services

The required services of the Service Provider in relation to the envisaged works includes the maintenance and repairs of the following:

<b>A: Building Maintenance</b>	<b>GRADE 1 – 4</b>
<ul style="list-style-type: none"> <li>• Inspecting and repairing roof leaks, gutters and down pipes.</li> <li>• Replacing doors, lockset and Automatic hydraulic closer.</li> <li>• Maintain defects on the walls, floors and ceilings.</li> <li>• Replace Damaged windows/window panes.</li> <li>• Address foundation issues.</li> <li>• Sprinkler system and fire installation.</li> <li>• Firefighting equipment (Extinguisher, hydrants, Signs)</li> <li>• Installation and/or repairing of perimeter fence.</li> </ul>	
<b>B: Civil Maintenance</b>	<b>GRADE 1 – 4</b>
<ul style="list-style-type: none"> <li>• Perform regular crack sealing.</li> <li>• Apply surface treat to extend pavement life.</li> <li>• Conduct periodic resurfacing.</li> <li>• Clean and maintain drainage ditches, culverts and inlets.</li> <li>• Repaint faded markings on the taxiways, runway and parking-lot(s).</li> <li>• Replace damaged or missing signs.</li> <li>• Maintenance of perimeter roads.</li> <li>• Alteration and/or sandblasting of Runway/Taxiway/Apron markings.</li> <li>• Emergency Water Supply and Sewer Desludging.</li> <li>• Installation and/or repairs of water installations and waste water drainage systems.</li> <li>• Runway Friction Test</li> </ul>	
<b>C: Electrical Maintenance</b>	<b>GRADE 1 – 4</b>
<ul style="list-style-type: none"> <li>• Replacing LED bulbs and fluorescent Lights for domestic use, street lights and perimeter fence lights.</li> <li>• Replacing switches and plugs.</li> <li>• Fault finding.</li> <li>• Maintenance of Distribution Boards.</li> <li>• Replace/Maintenance of Automatic doors.</li> <li>• Servicing of Uninterrupted Power Supply (UPS).</li> <li>• Electronics</li> </ul>	