

## REQUEST FOR QUOTATION

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO SUBMIT QUOTATIONS FOR THE REQUIREMENTS OF: Provision for VPN license</b> |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>RFQ REFERENCE:</b>                                                                                 | RFQ – VPN License/Solution                                                                                                                                                                                                                                                                                                                                                                               |
| <b>CLOSING DATE AND TIME:</b>                                                                         | 26 November 2025 at (11:00) am                                                                                                                                                                                                                                                                                                                                                                           |
| <b>RFQ VALIDITY PERIOD</b>                                                                            | 90 days (Commencing from the RFQ closing date)                                                                                                                                                                                                                                                                                                                                                           |
| <b>DESCRIPTION</b>                                                                                    | <b>Refer to attached Spec:</b><br><br><b>Product / Service Specification:</b> <ul style="list-style-type: none"> <li>• VPN Licenses Type: VPN Client Licenses</li> <li>• Quantity: 15 concurrent user licenses</li> <li>• Compatibility: Must be compatible with existing SonicWall firewall infrastructure.</li> <li>• Contract/license duration 12 Months.</li> <li>• Secure VPN connection</li> </ul> |
| <b>E-MAIL ADD. FOR SUBMISSION OF QUOTES</b>                                                           | <a href="mailto:scm@gep.co.za">scm@gep.co.za</a>                                                                                                                                                                                                                                                                                                                                                         |
| <b>ENQUIRY</b>                                                                                        | jmorumudi@gep.co.za                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Name of Service Provider:</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>CSD MA number:</b>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Signature:</b>                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Date of submission of quotation:</b>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                          |

## Notes:

1. Bidders must put Name of the bidder, CSD MA number, sign and put submission date on RFQ above;
2. Complete supporting SBD documents and submit required with their response and BEE certificate / Sworn Affidavit signed by Commissioner of Oath.
3. Only bidders registered on the Central Supplier Database(CSD) will be considered for evaluation.
4. All quotation received after closing time and date will not be considered.

**BIDDER:**.....  
**REGISTRATION NUMBER:**.....  
**ADDRESS:**.....  
 .....  
**CONTACT PERSON:**.....  
**TEL:**.....

FAX: .....

### **TERMS AND CONDITIONS OF REQUEST FOR QUOTATION (RFQ)**

1. General conditions of contract of purchase shall apply.
2. GEP reserves the right to negotiate with service providers
3. GEP reserves the right not to procure the goods and/or services.
4. Late and incomplete submissions will not be accepted.
5. Any bidder who has reasons to believe that the RFQ specification is based on a specific brand must inform the GEP before RFQ closing date.
6. Bidders are required to submit BBBEE Certificate or SWORN Affidavit for all price quotations
7. It is the responsibility of the bidder to ensure that GEP is in possession of the bidder's valid BBBEE. The onus is on the bidder to ensure that the GEP receives a valid BBBEE as soon as the validity of the said certificate expires.
8. No services must be rendered or goods delivered before an official GEP Purchase Order form has been received, except in an emergency situation.
9. This RFQ will be evaluated in terms of the 80/20 system prescribed by the Preferential Procurement Regulations, 2022.
10. Bidders are required to complete all the Annexures

I, the undersigned (NAME).....certify  
that :

- i. I have read and understood the conditions of this RFQ.
- ii. I have supplied the required information and the information submitted as part of this RFQ is true and correct.

**ANNEXURE B:**

**PART A  
INVITATION TO BID**

|                                                                                                                                                                                                                            |  |                                                                                      |  |                                                                          |                               |                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------|--|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>                                                                                                                           |  |                                                                                      |  |                                                                          |                               |                                                                                                      |  |
| BID NUMBER:                                                                                                                                                                                                                |  | CLOSING DATE:                                                                        |  |                                                                          | CLOSING TIME:                 |                                                                                                      |  |
| DESCRIPTION                                                                                                                                                                                                                |  |                                                                                      |  |                                                                          |                               |                                                                                                      |  |
| BID RESPONSE DOCUMENTS TO BE EMAIL TO <a href="mailto:scm@gep.co.za">scm@gep.co.za</a>                                                                                                                                     |  |                                                                                      |  |                                                                          |                               |                                                                                                      |  |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                                      |  |                                                                                      |  | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                           |                               |                                                                                                      |  |
| CONTACT PERSON                                                                                                                                                                                                             |  |                                                                                      |  | CONTACT PERSON                                                           |                               |                                                                                                      |  |
| TELEPHONE NUMBER                                                                                                                                                                                                           |  |                                                                                      |  | TELEPHONE NUMBER                                                         |                               |                                                                                                      |  |
| FACSIMILE NUMBER                                                                                                                                                                                                           |  |                                                                                      |  | FACSIMILE NUMBER                                                         |                               |                                                                                                      |  |
| E-MAIL ADDRESS                                                                                                                                                                                                             |  |                                                                                      |  | E-MAIL ADDRESS                                                           |                               |                                                                                                      |  |
| <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]<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                      |                               | [TICK APPLICABLE BOX]<br><br><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<br>[IF YES ENCLOSE PROOF]   |  | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. BID SUBMISSION:</b></p> <p>1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT EMAIL ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.</p> <p>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></p> <p>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.</p> <p>1.4. <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).</b></p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>2. TAX COMPLIANCE REQUIREMENTS</b></p> <p>2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.</p> <p>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.</p> <p>2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE <a href="http://WWW.SARS.GOV.ZA">WWW.SARS.GOV.ZA</a>.</p> <p>2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.</p> <p>2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.</p> <p>2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.</p> <p>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."</p> |

**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: .....

## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, 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 invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). 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 bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

- 2.1 Full Name of bidder or his or her representative:

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

- 2.2 Identity

Number:.....

- 2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>, member):

.....  
 .....

- 2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:

.....

- 2.5 Tax Reference Number:

.....

- 2.6 VAT Registration Number:

.....

2.6.1 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 3 below.

<sup>1</sup>“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.

<sup>2</sup> “Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder **YES / NO**  
presently employed by the state?

2.7.1 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:

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

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

2.7.2.1 If yes, did you attach proof of such authority to the bid **YES / NO**  
document?

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

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

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

2.8 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?

2.8.1 If so, furnish particulars:

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

2.9 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**

2.9.1 If so, furnish particulars.

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

2.10 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**

2.10.1 If so, furnish particulars.

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

2.11 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**

2.11.1 If so, furnish particulars:

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

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

| Full Name | Identity Number | Personal Tax Number | Income Reference | State Employee Number / Persal Number |
|-----------|-----------------|---------------------|------------------|---------------------------------------|
|           |                 |                     |                  |                                       |
|           |                 |                     |                  |                                       |
|           |                 |                     |                  |                                       |
|           |                 |                     |                  |                                       |

**4 DECLARATION**

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

certify that the information furnished in paragraphs 2 and 3 above is correct.

i accept that the state may reject the bid or act against me should this declaration prove to be false.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

## **PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022**

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

### **1. GENERAL CONDITIONS**

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

### **1.2 To be completed by the organ of state**

- a) The applicable preference point system for this tender is the **80/20** preference point system.
- b) The **80/20 preference point system** will be applicable in this tender. The lowest/highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

### **1.4 To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|                                                  | <b>POINTS</b> |
|--------------------------------------------------|---------------|
| <b>PRICE</b>                                     | <b>80</b>     |
| <b>SPECIFIC GOALS</b>                            | <b>20</b>     |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b>    |

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

- 1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

### 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

$$P_S = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right) \text{ or } P_S = 90 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

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

#### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system, then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

**(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.)**

**Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)**

| 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>Bidder must also submit the following Proof of evidence to claim the allocated points:</b> Valid BEE/Sworn affidavit                                                                                                                                                 |                                                                                   |  |
| <b>Township based enterprise</b> – Either certified copy of B-BBEE certificate or valid Sworn Affidavit showing address matching CIPC                                                                                                                                   |                                                                                   |  |
| <b>Woman Ownership</b> – certified copy of B-BBEE certificate or valid Sworn Affidavit                                                                                                                                                                                  |                                                                                   |  |
| <b>Ownership by Military Veterans</b> – certified copy of B-BBEE certificate or valid Sworn Affidavit                                                                                                                                                                   |                                                                                   |  |
| <b>Youth owned:</b> certified copy of B-BBEE certificate or valid Sworn Affidavit                                                                                                                                                                                       |                                                                                   |  |
| <b>People with disabilities:</b> Black people who are persons with disabilities as defined in the Code of Good Practice on employment of people with disabilities issued under the Employment Equity Act: certified copy of B-BBEE certificate or valid Sworn Affidavit |                                                                                   |  |
| Women (requirement is 51 %+ ownership)                                                                                                                                                                                                                                  | 0                                                                                 |  |
| People with disabilities (requirement is 51 %+ ownership)                                                                                                                                                                                                               | 0                                                                                 |  |
| Youth (requirement is 51 %+ ownership)                                                                                                                                                                                                                                  | 20                                                                                |  |
| Township/rural based enterprise (requirement is 51 %+ ownership)                                                                                                                                                                                                        | 0                                                                                 |  |

#### JOHANNESBURG OFFICE

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Telephone: 011 085 2002  
Fax: 011 834 6702

#### EKURHULENI OFFICE

Ground Floor,  
188 Victoria Street,  
Germiston, 1400  
Telephone: 011 776 9079  
Fax: 011 827 2886

#### SEDIBENG OFFICE

36 Merriman Avenue,  
Vereeniging, 1930  
Telephone: 016 910 1200  
Fax: 016 910 1216

#### WEST RAND OFFICE

23 Eloff Street,  
Krugersdorp, 1739  
Telephone: 011 950 9870  
Fax: 011 950 9886

#### TSHWANE OFFICE

1<sup>st</sup> Floor, Block G,  
333 Grosvenor Street,  
Hatfield Gardens, Hatfield  
Telephone: 012 430 2359  
Fax: 012 323 4205

**HEAD OFFICE** 6<sup>th</sup> Floor, 124 Main Street, Johannesburg, 2107 | Telephone: 011 085 2001 | Fax: 011 388 4010 | Website: [www.gep.co.za](http://www.gep.co.za)

## DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number: .....

4.5. TYPE OF COMPANY/ FIRM

- Partnership/Joint Venture / Consortium
- One-person business/sole propriety
- Close corporation
- Public Company
- Personal Liability Company
- (Pty) Limited
- Non-Profit Company
- State Owned Company

[ CIRCLE APPLICABLE]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
  - (a) disqualify the person from the tendering process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audialteram*

**JOHANNESBURG OFFICE**

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- partem* (hear the other side) rule has been applied; and
- (e) forward the matter for criminal prosecution, if deemed necessary.

|                                    |       |
|------------------------------------|-------|
| .....                              |       |
| <b>SIGNATURE(S) OF TENDERER(S)</b> |       |
| <b>SURNAME AND NAME:</b>           | ..... |
| <b>DATE:</b>                       | ..... |
| <b>ADDRESS:</b>                    | ..... |
|                                    | ..... |
|                                    | ..... |
|                                    | ..... |

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## Annexure E: POPIA ACT CONSENT FORM:

### Consent form in terms of section 11 of the Protection of Personal Information Act No 4 of 2013 (POPIA)

In order for the Gauteng Enterprise Propeller (GEP) to consider the bidder's response to the RFQ / RFP to become a service provider of the GEP, it will be necessary for the GEP to process certain personal information which the service provider may share with GEP for the purpose of the RFQ / RFP, including personal information, which may include special personal information (all hereafter referred to as "Personal Information")

The GEP will process the Service Provider's Personal Information in accordance with the GEP Privacy Policy.

#### *Access to your Personal Information and purpose specification*

Personal Information will be processed by GEP for purposes of assessing the service provider's submission in relation to the RFQ / RFP i.e. the purposes of assessing current services required by the GEP. We may also share the service provider's Personal Information with third parties, both within the Republic of South Africa and in other jurisdictions, including to carry out verification, background checks and Know Your Customer obligations in terms of the Financial Intelligence Centre Act, No. 38 of 2001 ("FICA"). In this regard, the service provider acknowledges that GEP's authorised verification agent(s) and service providers will access Personal Information and conduct background screening.

#### *Consent*

By [ticking/clicking] "Yes" and signing below, you agree and voluntarily consent to the GEP's processing of the service provider's Personal Information for the purposes of evaluating its RFQ / RFP submission, including to confirm and verify any information provided in the submission and service provider gives GEP permission to do so. The service provider understands that it is free to withdraw its consent on written notice to GEP and the service provider agrees that the Personal Information may be disclosed by the GEP to third parties, including GEP's affiliates, service providers and associates (some of which may be located outside of the Republic of South Africa). Please note that if you withdraw your consent at any stage, we may be unable to process your RFQ / RFP.

Yes ☐

No ☐

\_\_\_\_\_  
Supplier Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorised representative, who warrants that he/she is duly authorised.

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