

## PART T2: RETURNABLE DOCUMENTS

### T2.1 LIST OF RETURNABLE DOCUMENTS

The tenderer must complete the following returnable documents:

#### 1 Returnable Schedules required for tender evaluation purposes

No	Returnable schedules	To be incorporated into the contract	
1	Certificate of authority for joint ventures (where applicable)	Yes	
2	Certificate of Attendance at Clarification Meeting	Yes	
3	Supplier Declaration form (version7)		No
4	Schedule of Subcontractors	Yes	
5	Schedule of Plant and Materials	Yes	
6	Schedule of Tenderer's experience	Yes	
7	Labour payment schedule	Yes	
8	Record of addenda to tender documents	Yes	
9	Compulsory Enterprise Questionnaire		No
10	Proposed amendments and qualifications	Yes	
11	Suppliers Code of Conduct	Yes	

#### 2 Other documents required for tender evaluation purposes

No	Returnable Documents	To be incorporated into the contract	
1	Clause-by-clause Statement of Compliance with the Scope of Work	Yes	
2	CV's of key personnel	Yes	
3	Certificate of Authority for Signatory (Resolution by Board)	Yes	
4	Letter of Good Standing with the Compensation Commissioner		No

5	Quality Assurance Plan	Yes	
6	BBBEE rating certificate with detailed scorecard		No
7	Certified Copy of Financial Statements (for the past 3 years) including Balance sheets		No
8	Certified Copy of Share Certificates CK1 & CK2		No
9	Certified copy of certificate of incorporation and CM29 and CM9		No
10	Certified Copy of Identity Documents of Shareholders/Directors/members (where applicable)		No
11	Cancelled Cheque		No
12	Current and original Tax clearance certificate		No
13	Vat registration certificate		No
14	Copy of BEE Policy/BEE Plan/Employment Policy/Procurement Policy		No

### 3 Other documents that will be incorporated into the contract.

#### 3.1 C1.1 Form of Offer and Acceptance

#### 3.2 C1.2 Contract Data

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## T2.2 RETURNABLE SCHEDULES

- Schedule of Plant and Materials
- Record of Addenda to Tender Documents
- Compulsory Enterprise Questionnaire
- Certificate of Attendance at Clarification Meeting
- Schedule of tenderers experience
- **Certificate of Authority for Joint Ventures**
- Labour Payment Schedule
- Proposed amendments and qualifications
- Supplier Declaration Form (Version 7)
- CV's of key personnel
- Suppliers Code of Conduct

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### Schedule of Plant and Materials

The following are lists of major items of relevant Materials that I/we presently own or lease and will have available for this contract or will acquire or hire for this contract if my/our tender is accepted.

(a) Details of major Materials that is owned by and immediately available for this contract.

Quantity	Description, size, capacity, etc.

Attach additional pages if more space is required.

(b) Details of major Materials that will be hired, or acquired for this contract if my/our tender is acceptable.

Quantity	Description, size, capacity, etc.

Attach additional pages if more space is required.

Signed

Date

Name

Position

Tenderer



### Record of Addenda to Tender Documents

We confirm that the following communications received from the Employer before the submission of this tender offer, amending the tender documents, have been taken into account in this tender offer:

	Date	Title or Details
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Attach additional pages if more space is required.

Signed

Date

Name

Position

Tenderer

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## 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: Record in the service of the state**

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> a member of any municipal council<br><input type="checkbox"/> a member of any provincial legislature<br><input type="checkbox"/> a member of the National Assembly or the National Council of Province<br><input type="checkbox"/> a member of the board of directors of any municipal entity<br><input type="checkbox"/> an official of any municipality or municipal entity | <input type="checkbox"/> an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)<br><input type="checkbox"/> a member of an accounting authority of any national or provincial public entity<br><input type="checkbox"/> an employee of Parliament or a provincial legislature |
|--|---|

If any of the above boxes are marked, disclose the following:

Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months



\*insert separate page if necessary

**Section 7: Record of spouses, children and parents in the service of the state**

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:

- a member of any municipal council
- a member of any provincial legislature
- a member of the National Assembly or the National Council of Province
- a member of the board of directors of any municipal entity
- an official of any municipality or municipal entity
- an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)
- a member of an accounting authority of any national or provincial public entity
- an employee of Parliament or a provincial legislature

Name of spouse, child or parent	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

\*insert separate page if necessary

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

- i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;
- ii) confirms that the 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



## Certificate of Attendance at Clarification Meeting

This is to certify that

\_\_\_\_\_ (Tenderer)

of

\_\_\_\_\_ (address)

was represented by the person(s) named below at the compulsory meeting held for all tenderers at \_\_\_\_\_ (location) on \_\_\_\_\_ (date), starting at \_\_\_\_\_

We acknowledge that the purpose of the meeting was to acquaint ourselves with the Site of the Works and/or matters incidental to doing the work specified in the tender documents in order for us to take account of everything necessary when compiling our rates and prices included in the tender.

Particulars of person(s) attending the meeting:

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Capacity: \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Capacity: \_\_\_\_\_

Attendance of the above persons at the meeting is confirmed by the Employer's representative, namely:

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Capacity: \_\_\_\_\_ Date and time \_\_\_\_\_

### Certificate of Authority for Joint Ventures

This Returnable Schedule is to be completed by joint venture.

We, the undersigned, are submitting this tender offer in Joint Venture and hereby authorise Mr/Ms....., authorised signatory of the company....., acting in the capacity of lead partner, to sign all documents in connection with the tender offer and any contract resulting from it on our behalf.

NAME OF FIRM	ADDRESS	DULY AUTHORIZED SIGNATURE
Lead partner		Signature..... Name..... Designation
		Signature..... Name..... Designation
		Signature..... Name..... Designation

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**TRANSNET LIMITED**  
(REGISTRATION No. 1990/000900/06)

**A. TRADING AS TRANSNET FREIGHT RAIL**

**LABOUR PAYMENT SCHEDULE**

TENDER No. \_\_\_\_\_

SERVICE, REPAIR AND TESTING OF TELECONTROL MATERIAL

Tenderers are required to complete the following schedule:

**DAY LABOUR (IF REQUIRED)**

Skilled	Hour _____
Unskilled	Hour _____
Labourer	Hour _____
Driver/Operator	Hour _____
% Profit on Material	_____

**II. TRANSPORT AND MACHINERY**

1. Light vehicle up to 1 ton
2. 5 Ton vehicle
3. 10 Ton vehicle with crane
4. Crane
5. Scaffolding
6. Generator
7. Other materials:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RUNNING                      STANDING**

8. Full details of any other charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TENDERER: \_\_\_\_\_

DATE: \_\_\_\_\_

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### Schedule of Plant and Equipment

The following are lists of major items of relevant equipment that I / we presently own or lease and will have available for this contract or will acquire or hire for this contract if my / our tender is accepted.

(a) Details of major equipment that is owned by and immediately available for this contract.

Quantity	Description, size, capacity, etc.

Attach additional pages if more space is required.

(b) Details of major equipment that will be hired, or acquired for this contract if my / our tender is acceptable.

Quantity	Description, size, capacity, etc.

Attach additional pages if more space is required.

Signed

Date

Name

Position

Tenderer

## Certificate of attendance at Clarification Meeting

This is to certify that

\_\_\_\_\_

(Tenderer)

of

\_\_\_\_\_

(address)

\_\_\_\_\_

was represented by the person(s) named below at the compulsory meeting held for all tenderers at \_\_\_\_\_ (location) on \_\_\_\_\_ (date), starting at \_\_\_\_\_ We acknowledge that the purpose of the meeting was to acquaint ourselves with the Site of the Works and/or matters incidental to doing the work specified in the tender documents in order for us to take account of everything necessary when compiling our rates and prices included in the tender.

Particulars of person(s) attending the meeting:

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Capacity: \_\_\_\_\_ Signature \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Capacity \_\_\_\_\_

Attendance of the above persons at the meeting is confirmed by the Employer's representative, namely:

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Capacity: \_\_\_\_\_ Date and time \_\_\_\_\_

### Schedule of the Tenderer's Experience

The following is a statement of similar work successfully executed by myself/ourselves:

Employer, contact person and telephone number	Description of contract	Value of work inclusive of VAT (Rand)	Date completed
<b>PREVIEW COPY ONLY</b>			

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

*Tenderer*

\_\_\_\_\_



### Certificate of Authority for Joint Ventures

This Returnable Schedule is to be completed by joint ventures.

We, the undersigned, are submitting this tender offer in Joint Venture and hereby authorise Mr/Ms . . . .  
 . . . . . , authorised signatory of the company . . . . .  
 . . . . . , acting in the capacity of lead partner, to  
 sign all documents in connection with the tender offer and any contract resulting from it on our behalf.

NAME OF FIRM	ADDRESS	DULY AUTHORISED SIGNATORY
Lead partner		Signature. . . . . Name . . . . . Designation
		Signature. . . . . Name . . . . . Designation
		Signature. . . . . Name . . . . . Designation
		Signature. . . . . Name . . . . . Designation

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### Labour payment schedule

Tenderers are required to complete the following schedule:

#### DAY LABOUR (if required)

Skilled Hour \_\_\_\_\_  
Unskilled Hour \_\_\_\_\_  
Labourer Hour \_\_\_\_\_  
Driver/Operator Hour \_\_\_\_\_  
% Profit on Material \_\_\_\_\_

#### TRANSPORT AND MACHINERY

**RUNNING**

**STANDING**

1. Light vehicle up to 1 ton
2. 5 Ton vehicle
3. 10 Ton vehicle with crane
4. Crane
5. Scaffolding
6. Generator
7. Other equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Full details of any other charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenderer \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



### Proposed amendments and qualifications

The Tenderer should record any deviations or qualifications he may wish to make to the tender documents in this Returnable Schedule. Alternatively, a tenderer may state such deviations and qualifications in a covering letter to his tender and reference such letter in this schedule.

The Tenderer's attention is drawn to clause F.3.8 of the Standard Conditions of Tender referenced in the Tender Data regarding the employer's handling of material deviations and qualifications.

Page	Clause or item	Proposal
<b>PREVIEW COPY ONLY</b>		

Signed

Date

.....  
Name

.....  
Position

.....  
*Tenderer*



## Transnet Supplier Declaration/Application

The Financial Director or Company Secretary

Transnet Vendor Management has received a request to load your company on to the Transnet vendor database. Please furnish us with the following to enable us to process this request:

1. Complete the "Supplier Declaration Form" (SDF) on page 2 of this letter
2. Copy of cancelled cheque **OR** letter from the bank verifying banking details (**with bank stamp**)
3. **Certified** copy of Identity document of Shareholders/Directors/Members (where applicable)
4. **Certified** copy of certificate of incorporation, CM29 / CM9 (name change)
5. **Certified** copy of share Certificates of Shareholders, CK1 / CK2 (if CC)
6. A letter with the company's letterhead confirming physical and postal addresses
7. **Original or certified** copy of SARS Tax Clearance certificate and Vat registration certificate
8. A signed letter from the Auditor / Accountant confirming most recent annual turnover and percentage black ownership in the company **AND/OR** BBBEE certificate and detailed scorecard from an accredited rating agency (ABVA Member).

**NB:**

- **Failure to submit the above documentation will delay the vendor creation process.**
- *Where applicable, the respective Transnet business unit processing your application may request further information from you. E.g. proof of an existence of a Service/Business contract between your business and the respective Transnet business unit etc.*

### **IMPORTANT NOTES:**

- a) **If your annual turnover is less than R5 million**, then in terms of the DTI codes, you are classified as an Exempted Micro Enterprise (EME). If your company is classified as an EME, please include in your submission, a signed letter from your Auditor / Accountant confirming your company's most recent annual turnover is less than R5 million and percentage of black ownership and black female ownership in the company **AND/OR** BBBEE certificate and detailed scorecard from an accredited rating agency (e.g. permanent ABVA Member), should you feel you will be able to attain a better BBBEE score.
- b) **If your annual turnover is between R5 million and R35million**, then in terms of the DTI codes, you are classified as a Qualifying Small Enterprise (QSE) and you claim a specific BBBEE level based on any 4 of the 7 elements of the BBBEE score-card, please include your BEE certificate in your submission as confirmation of your status.  
**NB:** BBBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. permanent ABVA Member).
- c) **If your annual turnover is in excess of R35million**, then in terms of the DTI codes, you are classified as a Large Enterprise and you claim a specific BEE level based on all seven elements of the BBBEE generic score-card. Please include your BEE certificate in your submission as confirmation of your status.  
**NB:** BBBEE certificate and detailed scorecard should be obtained from an accredited rating agency (permanent ABVA Member).
- d) **To avoid PAYE tax being automatically deducted from any invoices received from you**, you must also contact the Transnet person who lodged this request on your behalf, so as to be correctly classified in terms of Tax legislation.
- e) Unfortunately, **No payments can be made to a vendor** until the vendor has been registered, and no vendor can be registered until the vendor application form, together with its supporting documentation, has been received and processed.
- f) **Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents mentioned above to the Transnet Official who is intending to procure your company's services/products in order that he/she should complete and Internal Transnet Departmental Questionnaire before referring the matter to the appropriate Transnet Vendor Master Office.**

Regards,

Transnet Vendor/Supplier Management *[please substitute this with your relevant Transnet department before sending this document out]*



## Supplier Declaration Form

Company Trading Name								
Company Registered Name								
Company Registration Number Or ID Number If A Sole Proprietor								
Form of entity	CC	Trust	Pty Ltd	Limited	Partnership	Sole Proprietor		
VAT number (if registered)								
Company Telephone Number								
Company Fax Number								
Company E-Mail Address								
Company Website Address								
Postal Address						Code		
Physical Address						Code		
Contact Person								
Designation								
Telephone								
Email								
Annual Turnover Range (Last Financial Year)		< R5 Million		R5-35 million		> R35 million		
Does Your Company Provide		Products		Services		Both		
Area Of Delivery		National		Provincial		Local		
Is Your Company A Public Or Private Entity		Public		Private				
Does Your Company Have A Tax Directive Or IRP30 Certificate		Yes		No				
Main Product Or Service Supplied (E.G.: Stationery/Consulting)								
<b>BEE Ownership Details</b>								
% Black Ownership		% Black women ownership		% Disabled person/s ownership				
Does your company have a BEE certificate		Yes		No				
What is your broad based BEE status (Level 1 to 8 / Unknown)								
How many personnel does the firm employ		Permanent		Part time				
Name of person procuring your services/products								
Contact number								
Transnet operating division								
<b>Duly Authorised To Sign For And On Behalf Of Firm / Organisation</b>								
Name					Designation			
Signature					Date			
<b>Stamp And Signature Of Commissioner Of Oath</b>								
Name					Date			
Signature					Telephone No.			

**NB: Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents mentioned above to the Transnet Official who is intending to procure your company's services/products.**



# Internal Transnet Departmental Questionnaire (for office use only)

**NB:** "Once-off vendor" will only be created for extraordinary circumstances, i.e. derailments and other emergency situations. Note that only one (1) purchase order must be created against a "once-off vendor". Should the need arise to use a "once-off vendor" again, then an updated SDF together with the required documentation, is required for a "trade vendor" to be created

## Section 1: To be completed by the Transnet Requesting / Sourcing Department

Vendor Name													
								Vendor Number					
TFR		TRE		TPT		TPL		TNPA		TCP		TRN	
Create		Unblock		Amend		Extend		Once-Off / Emergency Request					
Supplier's trading name													
Supplier's registered name													
Please indicate if the Supplier has a contract with sourcing Transnet OD										Yes		No	
If yes please submit / furnish details of such a contract (together with the SDF)													

### a) What is being procured from the supplier?

i. Products only	Yes		No	
ii. Services only	Yes		No	
iii. Labour only	Yes		No	
iv. Mix of services and products	Yes		No	
v. Mix of services and labour	Yes		No	

b) If your answer is **YES** to questions II, III, IV or V in paragraph a) above, please indicate whether the relevant **PAYE questionnaires** have been forwarded to the appropriate **Transnet Operational Divisions'** decision making bodies / **Strategic Supply Management** team for a directive /decision on tax withholding from payments to this supplier.

Yes		No	
-----	--	----	--

c) If your reply to (b) is **"NO"**, please furnish reasons :


d) Advise on the Detailed Procurement Process (DPP) / Procurement Mechanism that was followed (Please also take into consideration the revised P2P value/strategy as set out in the Weekly News Bulletin dated 6 October 2008 on the Intranet)


Name	Grade	Date								Signature
		Y	Y	Y	Y	M	M	D	D	

## Section 2: To be completed by the BEE Department (this section is for Confirmation/Determining of BEE Status)

NARROW BASED (NB)				BROADBASED (BBBEE)				VALIDITY DATE
BEE O/S	BWBE	DPBE	MR	CONTB. LEVEL	EME: <R5m	QSE: >R5m <R35m	LARGE: >R35m	

Name	Grade	Date								Signature
		Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	

## Section 3: To be completed by Supplier Management

I hereby approve  disapprove  this application

Name	Grade	Date								Signature	
		Y	Y	Y	Y	M	M	D	D		
Vendor Number	Date captured on SAP							Recon Account			

### Curriculum Vitae of Key Personnel

<b>Name:</b>	<b>Date of birth:</b>
<b>Profession:</b>	<b>Nationality:</b>
<b>Qualifications:</b>	
<b>Professional registration number:</b>	
<b>Name of employer (firm):</b>	
<b>Current Position:</b>	<b>Years with the firm:</b>
<b>Employment record:</b> (list in chronological order starting with earliest work experience)	
<b>Experience record pertinent to required service</b>	
<b>Certification:</b>	
I, the undersigned, certify that to the best of my knowledge and belief, this data correctly describes me, my qualifications and my experience.	
_____	_____
<i>[Signature of person named in schedule]</i>	Date

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