

**RFQ NUMBER**  
**CENTRAL/JHB/24/2009**

**DESCRIPTION**

**CLEANING OF OFFICES AT  
ISANDO**

**ISSUE DATE:** 05 MAY 2009

**CLOSING DATE:** 19 MAY 2009  
(10H00)

**INFORMATION SESSION :14<sup>TH</sup> MAY 2009**

**TIME** :11H00

**VENUE** :NO. 1 ANVIL ROAD  
ISANDO

**CLOSING VENUE : (TENDER BOX) ALLOCATED AT THE ASO OFFICE,  
TRANSNET FREIGHT RAIL TENDER ADVICE CENTRE, LEVEL 100,  
150 COMMISSIONER STREET CARLTON CENTRE, JOHANNESBURG.**

**REQUISITION FOR QUOTATION**

MESSRS: .....

ADDRESS : .....

.....

.....

Tel (011)  
Fax (011)

ISSUE DATE 05-05-09

CLOSING DATE 19-05-09 (10h00)

SUPPLY CHAIN SERVICES

Contact : GLADYS CELE  
TEL: (011) 584-0597  
FAX: (011) 774-9828

| Prices in South African currency, including all costs.<br>to consignee |   |     |
|--|---|-----|
| ITEM NO:   | DESCRIPTION   | QTY |
|  |   |     |
|  | CLEANING OF OFFICES AT ISANDO   |     |
|  |   |     |
|  | INFORMATION SESSION AND SITE INSPECTION WILL BE HELD AT<br>NO. 1 ANVIL ROAD. 14 <sup>th</sup> May 2009. 11H00 |     |
|  |   |     |
|  | Please Quote As per Specification Attached (Annexure A)   |     |
|  | PRICE FOR THE MONTH   |     |
|  | TOTAL PRICE FOR THE YEAR  | R   |
|  | NB : PLEASE ATTACH YOUR REFERENCES FOR THE WORK PREVIOUSLY<br>DONE  |     |
|  |   |     |
|  |   |     |

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**BUILDING : ISANDO ADMIN BUILDING**

**FLOORS/AREA : PARKING AREAS ,GROUND FLOOR TO 3<sup>RD</sup> FLOOR  
ROOF, LAPA, MAIN ENTRANCE, ENTRANCE 1 AND 2  
SMOKING ROOM, FIRST AID ROOM**

**GENERAL SPECIFICATION :**

**SCOPE OF WORK**

**AREAS TO BE CLEANED**

- (a) Main Entrance/Security Reception Area
- (b) Stairs and Landings (service and main stairs)
- (c) Offices and passages
- (d) Lift foyers
- (e) Toilets / Ladies / Gents
- (f) Kitchens
- (g) Entertainment areas / bars
- (h) Lifts
- (i) Windows
- (j) Parking area
- (k) Surrounding area at (main entrance) and garden area opposite shop
- (i) Lobby's on floors outside windows

**DUTIES** (all floors/areas where applicable)

1. **FLOORS (OFFICES AND PASSAGES)**

- Carpets
  - Vacuum
  - Spot clean
  - Steam clean
- Weekly  
As necessary  
On request per  
quotation

2. **DUSTING (OFFICES AND PASSAGES)**

- Clean all telephones and disinfect
  - Dust all high ledges and fittings
  - Dust all horizontal surfaces (low level)
  - Dust all vertical surfaces (walls, cabinets, etc. to height of 2 metres)
  - Dust all windows ledges/cills (low and high)
- Daily  
Weekly  
Daily  
Weekly  
Daily

3. **WASTE DISPOSAL (OFFICES, KITCHENS AND TOI-LETS)**

- Empty and clean all ashtrays
  - Empty and clean all waste baskets and receptacles
  - Remove all waste to bins for removal by Metropolitan Council
- Daily  
Daily  
Daily

4. **WALLS/DOORS AND PAINTWORK/WALL PAPER**

- Spot clean all low surfaces (finger marks, etc.) Daily
- Washing of entire walls On request per quotation

5. **GLASS DOORS AND METAL WORK**

- Spot clean main entrance glass doors Weekly
- Clean or polish all bright metal fittings to doors/frames Weekly

6. **ENTRANCE FOYER/RECEPTION/RECEPTION OFFICE/ LOBBY'S**

- Sweep entrance foyer and entrance Daily
- Clean door mats and dust blinds Daily
- Damp clean counter tops Daily
- Vacuum carpets behind counter Daily
- Damp mop Daily
- Machine buff Daily
- Clean up Lobby's outside windows Daily

7. **TOILETS**

- Empty and clean all waste receptacles Daily
- Clean and sanitise all W.C. bowls , basins and urinals/-outlets Daily
- Clean all mirrors Daily
- Damp mop floors with disinfectant Daily
- clean all metal fittings Daily
- Spot clean wall tiles, doors and W.C. partitions Daily
- Treat against staining, fungal and bacterial growth As necessary
- Replenish toilet paper/liquid hand soap to dispensers Daily
- Wipe clean hand dryers Daily

8. **WINDOW CLEANING**

- Clean interior faces of all windows 2 x Annually
- Clean exterior faces of all windows From Ground to 3<sup>rd</sup> floor 2 x Annually
- Clean main entrance foyer glass windows internally and externally Weekly

9. **VERTICAL BLINDS**

- Dust Daily

10. **MISCELLANEOUS**

- Polish desks and office furniture Weekly
- Material-covered furniture to be vacuumed Weekly

11. **KITCHENS**

- Vinyl floors to be damp mopped Daily
- Sinks to be cleaned Daily
- Cupboard (top) to be damp wiped Daily

12. **LIFTS**

- Floor mats to be removed and cleaned Weekly
- Walls and fittings to be cleaned Daily
- Surface refuse from floors to be removed Daily
- Doors/door frames (externally and internally) to be damp cleaned Daily
- Ceiling grids to be dusted Daily

13. **ALL PARKING LEVELS/RAMP/GUARD HOUSE AT RAMP**

- All surface refuse to be removed Daily
- All levels to be swept Weekly

14. **EXTERNAL AREA AT MAIN ENTRANCE, AREA IN FRONT OF SHOP AND GARDEN**

- All surface refuse to be removed Daily
- Area to be swept Daily
- Garden area to be checked and cleaned where necessary Daily

15. **ENTERTAINMENT AREAS/BARS AND LAPAS**

- Floors to be vacuumed/damp mopped As necessary
- Surface refuse to be removed As necessary
- Sinks to be cleaned As necessary
- Counter tops/bar tops to be damp wiped As necessary

16. **STAIRS/LANDINGS/BALUSTRADES**

- Floors to be damp mopped from 5 floor to Ground Floor Daily
- Balustrades and handrails to be damp wiped Daily

17. **LIFT FOYERS**

- Floors to be vacuumed Daily
- Ceramic floors to be damp mopped Daily
- Wall panels to be damp wiped Daily

18. **SUPERVISION**

- Full time supervision to be provided by Contractor Daily
- Quality Control will be done by client on site Weekly

19. **EQUIPMENT/MATERIALS/CONSUMABLES**

To be provided by Contractor and delivered timeously

- Vacuum cleaners
- Polishers
- Brooms
- Mops
- All cleaning chemicals
- Consumables e.g. toilet paper of an acceptable standard and liquid hand soap
  - Toilet paper Double Ply
  - Hand soap with lanoline
- Buckets
- Necessary sign boards e.g. Floor Wet/Slippery, etc.

**NB:** All equipment to be kept in good and safe condition at all times and to comply to all safety regulations

20. **STAFF REQUIREMENTS/WORKING HOURS**

The Contractor will ensure a full staff compliment between 07:30 and 16:00 on all working days, in order to maintain an efficient cleaning service at all times to all areas.

Relief staff must be available as and when required.

21. **MESSROOM FACILITIES**

The client will provide mess facilities i.e. mess area, tables, chairs and electric water urn.

**N.B. UNDER NO CIRCUMSTANCES WILL THE PREPARATION OF FOOD AND COOKING OF FOOD BE TOLERATED AT ALL.**

22. **UNIFORM CLOTHING**

The Contractor shall at all times ensure that all cleaning staff be neatly clothed in uniforms with headgear, shoes, gloves, etc.

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23. **TERMS OF CONTRACT**

One Year Contract

24. **BREACH OF CONTRACT**

The client (Spoornet) will be allowed to terminate the contract by giving 30 days notice should the cleaning service not be according to specification and to client's full satisfaction.

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**FRAUD HOTLINE**

Transnet strives to be fair, equitable and just in all its dealings with tenderers. As such we encourage all tenderers to report any practice, activity or information that they are aware of or become aware of which may result in any perception of or actual fraud being committed against or in the name of Transnet. The hotline details are: -

Hotline telephone: 0800 003 056

Email: [transnet@tip-offs.com](mailto:transnet@tip-offs.com)

Fax: 0800 007 788

All information received will be treated with the utmost confidentiality

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**INFORMATION SESSION**

Information session and site meeting will be held at the following venue:

- Time : 11h00
- Date : 14 May 2009
- Venue : No. 1 Anvil Road
  
- Town/City : Isando

Information session is compulsory and companies not attending **might be overlooked** during the tender process.

**Contact person for the information session and site visit attendance and directions:**

Contact Person : Magdeline van Vuuren Tel.:(011) 570-7511.

**1 ATTENDANCE CERTIFICATE**

This is to certify that.....

Representative/s of.....

Has/have today attended the information session in respect of the proposed:

.....

TRANSNET'S REPRESENTATIVE  
REPRESENTATIVE

.....

TENDERER'S

DATE :.....





## 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 |   |           |  |
|               |                      |      |   |   |   |   |   |               |   |           |  |