



**RFQ NUMBER**  
**CENTRAL/JHB/35/2009**

**DESCRIPTION**

**HYGIENE SERVICE AT  
BETHLEHEM  
FOR A TWO YEAR PERIOD**

**ISSUE DATE: 23 JUNE 2009**

**CLOSING DATE: 07 JULY 2009**

**(10H00)**

**CLOSING VENUE: (TENDER BOX) ALLOCATED AT THE CHAIRPERSON TRANSNET  
FREIGHT RAIL, ACQUISITION COUNCIL, GROUND FLOOR, INYANDA HOUSE 1  
21 WELLINGTON ROAD PARKTOWN, JOHANNESBURG.**

**REQUISITION FOR QUOTATION**

MESSRS: .....

ADDRESS : .....

.....

Tel (011)

Fax (011)

ISSUE DATE 23-06-09

CLOSING DATE 07-07-2009 (10h00)

SUPPLY CHAIN SERVICES

Contact : GLADYS CELE

TEL: (011) 584-0597

FAX: (011) 774-9828

Prices in South African currency, including all costs.

to consignee

ITEM NO:	DESCRIPTION	QTY
	<b>HYGIENE SERVICE AT BETHLEHEM FOR A TWO YEAR PERIOD</b>	
	<b>Please Quote As per Specification Attached (Annexure 1)</b>	
	<b>PRICE FOR THE MONTH</b>	
	<b>TOTAL PRICE FOR THE TWO YEARS</b>	<b>R</b>
	<b>NB: PLEASE ATTACH YOUR REFERENCES FOR THE WORK PREVIOUSLY DONE</b>	
	<b>PLEASE ATTACH A BREAKDOWN OF PRICES PER BUILDING</b>	

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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

NB :

Adjudication Criteria :

Pricing

- Pricing Methodology

Technical

- References and Conformance to spec

BBBEE

- BBBEEE Certificate & Detailed Scorecard

Contact Person : **Julius Klokow Tel.: 058 302 2015/083 257 5469**  
**Sheloshini Ferris Tel.: 011 773-8483/083 305 0935**

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TENDER NO.:  
CONTRACT NO.:

SUPPLY AND RENTAL OF HYGIENE AND HEALTHCARE EQUIPMENT AT OFFICES OF PROPERTY MANAGEMENT AT BETHLEHEM.  
CONTRACT PERIOD: 24 (TWENTY FOUR) MONTHS

SERVICE POINT: TRANSNET FREIGHT RAIL - CENTRAL OPERATING REGION (CENTRAL-WEST), BETHLEHEM  
Train Movement Centre + Shunting Yard Centre

\* Overall Inspection Interval - 30 days (all equipment)  
\* Required Service Interval - 14 days/20 days/30 days as indicated

Building Number	Description of Facility	Room No.	Description	Quantity			DESCRIPTION OF EQUIPMENT REQUIRED								
				Toilet	Hand Basin	Wash Urinal	1	2	3	4	5	6	7	8	
							Toilet Roll Holder TH3	Liquid Hand Soap Dispenser	Paper Towel Cabinet Cosmetic	Shoe Auto Infinita * 14 days	Urinal Self-clog System * 20 days	Air Freshener Aqao TC * 18 days	Wall Bin	Vat Appearance 900 x 1500 Main Entrance * 30 days	
02AB113	Main Building (Left Side)	4	Toilet - Male	2	2	2	2	2	1		2	1	1		
		6	Bathroom - Male		4			4	1			1	1		
		3	Main Entrance - Foyer												1
		9	Main Entrance - Roster Office												1
02AB123	Main Building (Right Side)	1	Toilet/Bathroom - Female	2	3		2	3	1			1	1		
		3	Main Entrance - Foyer											1	
		7	Toilet - Male	2	2	2	2	2	1		2	1	1		
		8	Toilet - Female	2	2		2	2	1	1		1	1		
		19	Toilet - General	1	1		1	1					1	1	
		20	Office - Depot Manager		1										
02AB141	Vehicle Store	4	Mess - Service Drivers		1								1		
02AB209	Staging Office	1	Office		1			1	1				1		
02AB308	Training Centre	1	Main Entrance - Vestibule											1	
		5 (a)	Toilet - Male	2	2	1	2	2	1		1	1	1		
		5 (b)	Toilet - Female	1	1		1	1	1			1	1		
<b>Train Service Centre TOTAL</b>				<b>12</b>	<b>20</b>	<b>5</b>	<b>12</b>	<b>19</b>	<b>10</b>	<b>3</b>	<b>5</b>	<b>8</b>	<b>10</b>	<b>5</b>	
02AB153	Yard Office (Ground Floor)	1	Vestibule - Main Entrance											1	
		10	Adaptor - Male	2	2	1	2	2	1		1	1	1		
		12	Adaptor - Female	2	2		2	2	1	1		1	1		
		15	Toilet - General	1	1		1	1	1			1	1		
02AB165	Control Point (Locomotive)	1	Office		1			1	1				1		
		2	Toilet		1			1					1		
02AB162	Control Point (South)	1	Office		1			1	1				1		
		2	Toilet					1				1			
02AB104	Control Point (Alband)	1	Office		1			1	1				1		
		2	Toilet		1			1				1			
<b>Shunting Yard Centre TOTAL</b>				<b>8</b>	<b>8</b>	<b>1</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>1</b>	
<b>Total Units Required</b>							<b>20</b>	<b>27</b>	<b>16</b>	<b>4</b>	<b>6</b>	<b>14</b>	<b>16</b>	<b>6</b>	
<b>Cost per Unit (excluding VAT)</b>															
<b>Monthly Rental Cost per Category</b>							<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL MONTHLY RENTAL COST</b>							<b>R0.00</b>								
<b>TOTAL CONTRACT VALUE OVER PERIOD</b>							<b>R0.00</b>								

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

SIGNATURE OF TENDERER(S): \_\_\_\_\_

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**CENTRAL REGION :**

<b>NAME OF EMPLOYEE</b>	Anthonie Erasmus
<b>PHYSICAL OFFICE ADDRESS</b>	Transnet Freight Rail Tender Advice Centre, Level 100, Carlton Centre, 150 Commissioner Street, Johannesburg
<b>TELEPHONE NUMBER</b>	(011) 308-3868
<b>FAX NUMBER</b>	(011) 308-3867
<b>E-MAIL ADDRESS</b>	Anthonie.Erasmus@transnet.net

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TO: Procurement Manager  
Supply Chain Services

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

**RECOMMENDATION: SUPPLIER SELECTION PROCESS**

VENDOR NO/NAME : \_\_\_\_\_

(i) PURCHASING VALUE R \_\_\_\_\_

(ii) SUPPLIER SELECTION METHOD WHICH WAS FOLLOWED  
(PLEASE TICK ONE OF THE BLOCKS BELOW, I.T.O.. WHICH METHOD WAS APPLIED IN REGARD TO THE SUPPLIER SELECTION PROCESS)

	<b>TENDER PROCESS</b>  PLEASE QUOTE REFERENCE NO _____ <i>(Copy of letter of award to be attached)</i>
	<b>3 QUOTE SYSTEM</b> IF 3 QUOTE SYTEM WAS FOLLOWED, PLEASE <u>ATTACH</u> COPIES OF THE QUOTES OBTAINED IN THIS REGARD
	<b>CONFINED</b>
	<b>SINGLE SOURCE OF SUPPLY</b>
	<b>OTHER PROCUREMENT METHODS (PLEASE SPECIFY BELOW):</b>

(iii) I HEREBY CERTIFY THAT THE TRANSNET DETAILED PROCUREMENT PROCESS (DPP) / PROCUREMENT MECHANISM HAS IN ALL RESPECTS BEEN ADHERED TO AND I THEREFORE RECOMMEND THE PROPOSED VENDOR CREATION/CHANGES

Name of Recommendation Officer	Grade	Date	Signature
		Y   Y   Y   Y   M   M   D   D	

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

# Internal Transnet Departmental Questionnaire

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

TFR		TRE		TPT		TPL		TNPA		TRN	
Create		Amend		Block		Unblock		Once-Off / Emergency			
Extend		Delete		Undele							

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 a copy of the letter of award			

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 SCS Cross Functional Sourcing Team for a directive /decision on tax withholding from payments to this supplier.

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

d) Certification and Approval of proposed Vendor Creation/Unblocking/Other Changes by Transnet Official with Appropriate Delegated Authority :

*I HEREBY CERTIFY THAT THE TRANSNET DETAILED PROCUREMENT PROCESS (DPP) / PROCUREMENT MECHANISM HAS IN ALL RESPECTS BEEN ADHERED TO AND I THEREFORE APPROVE THE PROPOSED VENDOR CREATION/APPROVAL/OTHER CHANGES TO BE EFFECTED ON THE VENDOR MASTER*

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

Tel No:		Fax	
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## Section 2: To be completed by the BEE Department (this section is for Confirmation/Determining of BEE Status)

NARROW BASED (NB)				BROADBASED (BBBEE)						
BEE O/S	BWBE	DPBE	MR	CONTB. LEVEL	EME: <R5m	QSE: >R5m <R35m	LARGE: >R35m	VALIDITY DATE		
Name	Grade	Date								Signature
		Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	



# Supplier Declaration Form

Annexure D

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							
Bank Name			Bank Account Number				
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 9 / Unknown)							
How many personnel does the firm employ			Permanent		Part time		
Transnet Contact Person							
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.**

## CHECK LIST : VENDOR RELATED REQUESTS

1. Is the "internal departmental questionnaire" (Section 1 – header portion as well as paragraph a) to c) properly completed and motivated?
2. Has the correct version of the Supplier Declaration Form (SDF) been used ?– **(latest version published on the TFR Intranet)**
3. Has the "SDF" been properly completed by the supplier?
4. Has the "SDF" been properly stamped and completed by a **Commissioner of Oath**?
5. Are the **company names** completed on the "SDF" vs. the documentation submitted (CIPRO documents, Tax Clearance Certificate, proof of banking details, etc) valid?
6. Is a letter with the company's **letterhead** confirming physical and postal addresses attached and are these details the same as those which had been submitted by the supplier on page 2?
7. Is a valid **original** or certified SARS **Tax Clearance Certificate** attached?
8. Is the **Original** or **certified** copy of SARS Vat registration certificate attached?
9. Is there valid **proof of banking details** (**original** cancelled cheque OR **original** letter from the bank with a bank stamped and signed)? NB Also note that the bank account no which has been furnished on page 2 of the "SDF" should be the same as on the proof of banking details.
10. Has the **tax withholding procedures** as stated in a newsflash dated 21 August 2007 been adhered to?  
**IMPORTANT NOTES:** In this regard, please note that if the applicant supplier has declared in the appropriate space on the "SDF" that it:
  - has **3 or more** permanent employees in its employ, Section 1c) of the "internal departmental questionnaire" must be endorsed "**3 Or More Permanent Employees**".
 has less than 3 permanent employees in its employ, Document B1 (SOLE PROPRIETOR) or Document C1 (COMPANY) should be completed and where applicable, the matter must then be submitted to the appropriate SCS Cross Functional Sourcing Team. The aforementioned documents are obtainable from the TFR Intranet as per address below  
[http://intra.spoornet.co.za/newintranet/Departments/finance\\_supply\\_chain\\_services/html/procurement-tax-withholding.htm](http://intra.spoornet.co.za/newintranet/Departments/finance_supply_chain_services/html/procurement-tax-withholding.htm)
11. For validation of company registration info of the supplier: Are certified copies of the following attached (where applicable and depending on type of business):
 

<b>Sole Trader</b>	-	<b>identity document</b>
<b>CC</b>	-	<b>Certified copy of CK1 and/or CK2</b>
<b>PTY</b>	-	<b>Certified copy CM9 and/or CM29</b>

<b>B B E  C L A S S I F I C A T I O N</b>	<b>12. Start Up Enterprises (New Business Entities)</b> Start up businesses must provide confirmation from their Auditor/Accounting officer on:- <ol style="list-style-type: none"> <li>a. Date the business commenced trading;</li> <li>b. Anticipated Sales turnover for the coming year; and</li> <li>c. Percentage black ownership and black woman ownership</li> </ol> The above will assist to establish the BBBEE status as either level 4 or 3.										
	<b>13. For an EME (Business with annual turnover ≤ R5m):</b> Is a certified letter from an auditor / accountant confirming the supplier's most recent annual turnover and percentage black ownership attached? <b>(In case of a Sole Trader, which has no appointed auditor/accountant, he/she (Sole Trader) should submit a sworn affidavit to disclose the required information as indicated above).</b>										
	<b>14. For a QSE &amp; LARGE supplier (Business with an annual turnover ≥ R5m):</b> Is a certified copy of the BBBEE certificate and detailed scorecard from an accredited rating agency (ABVA Member) attached?										
	<b>15. If the reply to 13 and 14 above, is no,</b> are certified copies of identity documents of shareholders / directors / members (where applicable) as well as share certificates of shareholders attached, as well as most recent financial statements?										
<b>Name of Recommendation Officer</b>	<b>Grade</b>	<b>Date</b>	<b>Signature</b>								
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D				

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_