

RFQ NUMBER
IM/JHB/03/2009

DESCRIPTION

Konica Minolta C10 (or similar)

Intel Celeron CPU Laptop

Intel 965GM chipset

120GB HDD

1GB Ram

DVD RW

ISSUE DATE: 12 MARCH 2009

CLOSING DATE: 24 MARCH 2009

(10H00)

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

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

Fax: 0800 007 788

All information received will be treated with the utmost confidentiality

ANNEXURE A

Printer and Laptop

1. Specifications

1 x Konica Minolta C10 (or similar)
1 x Intel Celeron CPU
1 x Intel 965GM chipset
1 x 120GB HDD
1 x 1GB Ram
1 x DVD RW

2. Pricing

All the components to be tendered (as per the specifications above) must be listed in the schedule under 'Requisition for Quotation' to ensure compliance. Individual components need not be priced but must be listed. Total price for the server as per specifications is acceptable.

3. Delivery Date

Please specify the expected delivery date.

PREVIEW COPY ONLY

1. Section 1

1.1 COMPANY INFORMATION

Name of company			
Company registration number			
Nature of core business			
Type of company			
VAT registration number			
Income Tax registration number			
Tax clearance certificate (the latest, please attach)		YES	NO
Tax Clearance certificate Expiry Date			
Physical address	Street		
	City		
	City postal code		
Postal address	PO Box / P Bag		
	Postal area		
	Postal City		
	Box postal code		
Telephone no. (e.g. 0113081693)			
Fax number (e.g. 0113071789)			
e-mail address			
Web address			
Contact person			
Contact person – cell number			
Contact person -Telephone no. (e.g. 0113081693)			

1.2 BANKING DETAILS

Supply an original cancelled cheque or an original letter from the bank verifying banking details (containing an official bank stamp)

Payment (EFT)	EFT PAYMENTS ONLY
Bank name	
Bank account holder	
Bank account number	
Branch name	
Branch code	
Country code (South Africa – ZA)	

Section 2

2.1 BBBEE INFORMATION

2.1.1 Has your Company been measured/assessed for its BBBEE compliance/status?

YES		NO	
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2.1.2 If YES by whom was it done?

Rating Agency	
Self Assessment	
Consultant	
Auditor	
Other	

2.1.3	% Of BEE Ownership	% Of Black Women Ownership	% Of Disabled Ownership
	A – 91-100%	A – 91-100%	A – 91-100%
	B – 81-90%	B – 81-90%	B – 81-90%
	C – 71-80%	C – 71-80%	C – 71-80%
	D – 61-70%	D – 61-70%	D – 61-70%
	E – 51-60%	E – 51-60%	E – 51-60%
	F – 41-50%	F – 41-50%	F – 41-50%
	G – 31-40%	G – 31-40%	G – 31-40%
	H – 21-30%	H – 21-30%	H – 21-30%
	I – 1-10%	I – 1-10%	I – 1-10%
	K – 0%	K – 0%	K – 0%
	P – Parastatals		
	Z – Internal Vendors		

2.1.4	EME (T/O of <R5M)	QSE (T/O of > R5M but <R35M)	Large Enterprise (T/O of >R35M)
	Yes	Yes	Yes
	No	No	No

2.1.5 Majority Race Ownership

B – Black		W – White		C – Coloured		A – Indian	
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2.1.6	BBBEE Contribution Level	BBBEE Score	BBBEE Recognition level	Mark with "X"
	1 – Level 1 Contribution	>100	135 % (e.g. R1 = R1.35)	
	2 – Level 2 Contribution	85 – 100	125 %	
	3 – Level 3 Contribution	75 – 85	110 %	
	4 – Level 4 Contribution	65 – 75	100 % (e.g. R1 = R1.00)	
	5 – Level 5 Contribution	55 – 65	80 %	
	6 – Level 6 Contribution	45 – 55	60 %	
	7 – Level 7 Contribution	40 – 45	50 %	
	8 – Level 8 Contribution	30 – 40	10 %	
	9 – Level 9 Contribution	<30	0 % (e.g. R1 = R0.00)	
	E – Exempt			
	BBBEE Validity Expiry			

In terms of the above; kindly attach the BBBEE certificate and the detailed scorecard.
 NB. If the BBBEE certificate and detailed scorecard from a full member of the Association of BEE Verification Agency (ABVA) is not provided, your company will be classified as a Level 9 (non compliant) BBBEE company.

Legend: EME – Exempted Micro Enterprise ;QSE - Qualifying Small Enterprises; T/O – Turn Over; BBBEE – Broad Base Black Economic Empowerment; BWBE – Black Women Business Enterprise; DPBE – Disabled Persons Business Enterprise; MR– Majority Race;

2.2 VENDOR TYPE OF BUSINESS

(Please tick as applicable)

(* - Minimum requirements)

2.2.1 Type of Firm: *

Partnership	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
Close Corporation	<input type="checkbox"/>	Company (Pty) Ltd	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		<input type="checkbox"/>

2.2.2 Indicate the business sector in which your company is involved/operating: *

Agriculture	<input type="checkbox"/>	Mining and Quarrying	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Electricity, Gas and Water	<input type="checkbox"/>	Finance and Business Services	<input type="checkbox"/>
Retail, Motor Trade and Repair Services	<input type="checkbox"/>	Wholesale Trade, Commercial Agents and Allied Services	<input type="checkbox"/>
Catering, accommodation and Other Trade	<input type="checkbox"/>	Transport, Storage and Communications	<input type="checkbox"/>
Community, Social and Personal Services	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
Principal Business Activity *			
Types of Services Provided			
Since when has the firm been in business?			

2.2.3 Credit Controller's Details

Credit Controller's Name	
Credit Controller's Contact Number	

2.2.4 How would you prefer to receive Remittance advices?

Fax	<input type="checkbox"/>	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
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2.2.5 What is your company's annual turnover (excluding VAT)? *

<R20k	>R20k <R0.3m	>R0.3m <R1m	>R1m <R5m	>R6m <R10m	>R11m <R15m	>R16m <R25m	>R26m <R30m	>R31m <R34m	>R35m
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2.6 Where are your operating/distribution centres situated *

3.1 VENDOR OWNERSHIP DETAIL

(Please tick as applicable) (* - Minimum requirements)

3.1.1 Did the firm previously operate under another name? *

YES		NO	
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3.1.2 If Yes state its previous name:*

Registered Name	
Trading Name	

3.1.3 Who were its previous owners / partners / directors?*

SURNAME & INITIALS	ID NUMBERS

3.1.4 List Details of current partners, proprietors and shareholders by name, identity number, citizenship, status and ownership as relevant: *

SURNAME & INITIALS	IDENTITY NUMBER	CITIZENSHIP	HDI	DIS - ABLED	GENDER	DATE OF OWNERSHIP	% OWNED	% VOTING

3.1.5 List details of current directors, officers, chairman, secretary etc. of the fi

SURNAME & INITIALS	IDENTITY NUMBER	TITLE	DIS - ABLED	GENDER	% OF TIME DEVOTED TO THE FIRM	CONTACT NUMBER

3.1.6 List details of firms personnel who have an ownership interest in another

SURNAME & INITIALS	IDENTITY NUMBER	NAME & ADDRESS OF OTHER FIRM	TITLE IN OTHER FIRM	% OWNED	TYPE OF BUSINESS OF OTHER FIRM

3.2 VENDOR OWNERSHIP DETAIL

(Please tick as applicable) (* - Minimum requirements)

3.2.1	How many personnel does the firm employ? *					
	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Permanent						
Part Time						

3.2.2	In terms of above kindly provide numbers on women and disabled personnel? *					
	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Women						
Disabled						

3.2.3	Provide Details of Contact Person/s Responsible for Broad Based Black Economic Empowerment (BBBEE) in the Company *			
	SURNAME	INITIALS	DESIGNATION	TELEPHONE NO.

3.2.4	Is your company a value adding supplier (i.e. registered as a vendor under the VAT Act of 1991, where NPAT + total labour cost > 25% of total revenue)?		
YES		NO	

3.2.5	Is your company a recipient of Enterprise Development Contributions?*		
YES		NO	

3.2.6	May the above mentioned information be shared and included in Transnet Supplier Database for future reference? *		
YES		NO	

3.2.7	If you are successful in the tender/contract (where applicable) and this is awarded to your company / organisation, will this have a positive impact on your employment plans? *		
YES		NO	

3.2.8	If yes (above) kindly provide the following information:					
	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Permanent						
Part Time						

3.2.9	In terms of above kindly provide numbers on woman and disabled personnel:					
	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Women						
Disabled						

3.2.10	Are any of your members/shareholders/directors ex employees of Transnet?		
YES		NO	

3.3 REQUIRED VENDOR FORMS

KINDLY ENSURE THAT THE FOLLOWING DOCUMENTATION IS ATTACHED: -		YES	NO
*	Cancelled Cheque or an original letter from the bank verifying banking details (containing an official bank stamp)		
*	Certified Copy of Identity Documents of Members / Shareholders / Directors (where applicable)		
*	Certified Copy of Share Certificates / CK1 & CK2		
*	Certified Copy of Certificate of Incorporation and CM29/ CM9 (Name Changes)		
*	Certified Copy of SARS VAT Registration Certificate		
*	A Current and Original Tax clearance certificate from the South African Revenue Services must be attached		
	Certified Copy of Equity Plan / Training Plan		
	Memorandum of Agreements / Member / Partnership Agreements (where applicable)		
*	Certified Copy of Financial Statements (For the past three years) including Balance Sheets		
*	Copy of BEE Policy/BEE Plan/Employment Policy/Procurement Policy		
*	Certifications e.g. CIDB (Construction), BBBEE (From an Accredited Rating (Agency)		
*	Application must be signed by a Commissioner Of Oaths		
	Other Relevant Documentation		

I / we hereby guarantee that the above information given by me/us to you in respect of the details of my/our bank account are correct and I / we hereby indemnify Transnet from any loss and / or damages howsoever caused that I / we or any other party may suffer as a result of the said information being incorrect.

Changes to our bank account will be given to Transnet in writing, together with a confirmation letter from our bankers.

I, the undersigned warrant that I am duly authorised to complete and sign these documents on behalf of the firm/ organisation and that the information furnished is true and correct.

I further warrant that the members / shareholders are not nominee members / shareholders and the stated members / shareholders are the beneficial members / shareholders.

I also agree that, in the event of false, incorrect or misleading information being provided in this declaration, Transnet shall have the right to: -

- o Repudiate any contract that may have been awarded; and / or
- o Recover any losses or damages sustained by Transnet as a result of the award of any contract; and / or
- o Restrict the tenderer from further business with Transnet for a period between one year to five years depending on Transnet's view on the seriousness of the misconduct and the degree of prejudice suffered by Transnet.

DULY AUTHORISED TO SIGN FOR AND ON BEHALF OF FIRM / ORGANISATION

Name: _____

Signature: _____

Date: _____

Telephone No: _____

Address: _____

COMMISSIONER OF OATH:

Name: _____

Signature: _____

Date: _____

Telephone No: _____

Address: _____

TRANSNET DEPARTMENTAL QUESTIONNAIRE for SDF

All document to be completed in English

Note: This document is for internal use and is to be used in conjunction with the SDF

1.1 CREATE / UPDATE VENDOR DETAILS

Please mark with an "X" to indicate if this is a vendor update/creation

Create	<input type="checkbox"/>	Update	<input type="checkbox"/>
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SAP Reference number(s) <i>(Please supply with your Operating Division's SAP No. / Ref #)</i>	
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Transnet Corporate Number:	
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CO / Code		Purchase Org.	
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Operating Division (mark with an x)	Freight Rail	National Ports Authority	Port Terminals	Pipelines	Rail Engineering
				X	

Originator: <i>(initials & surname)</i>		TEL:	
Originating depot			

1.2 TO BE COMPLETED BY LINE DEPARTMENT

Operating Division (mark with an x)

Freight Rail	National Ports Authority	Port Terminals	Pipelines	Rail Engineering

(a) What is being procured from this supplier?

(i) Products only	YES		NO	
(ii) Services only	YES		NO	
(iii) Labour only	YES		NO	
(iv) Mix of Services & Products	YES		NO	
(v) Mix of Services & Labour	YES		NO	

(b) If your answer is YES to any one of the questions (ii) to (v), please indicate whether the relevant documentation such as the Tax Declaration form/Questionnaires have been submitted to the appropriate Cross Functional Sourcing Team for a decision regarding 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) Motivate/Confirm Technical compliance/acceptability:

Name : _____ Grade: _____

Signature: _____ Date: _____

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1.3 TO BE COMPLETED BY SOURCING DEPARTMENT

Questionnaire A of B

Purchasing Group	
Cost Centre	
Telephone number	

(a) Motivate/Confirm process/procedure and DPP compliance/acceptability:

Name : _____ Grade: _____

Signature: _____ Date: _____

1.4 TO BE COMPLETED BY THE BEE DEPARTMENT

(a) Confirm BEE status:

Narrow Based (NB)

BEE O/S	BWBE	DPBE	MR

Broad based (BBBEE)

CONTB. LEVEL	EME. <R5m	QSE >R5m <R35m	LARGE >R35m	VALIDITY DATE

Name : _____ Grade: _____

Signature: _____ Date: _____

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1.5 TO BE COMPLETED BY SUPPLIER MANAGEMENT DEPARTMENT

I hereby approve / disapprove the application

Supplier number	
Date captured on SAP	
Recon Account	

Name : _____ Grade: _____

Signature: _____ Date: _____

- Legend: **BWBE** – Black Women Business Enterprise
DPBE – Disabled Persons Business Enterprise
MR – Majority Race
EME - Exempted Micro Enterprise

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