



agriculture, land reform  
& rural development

Department:  
Agriculture, Land Reform and Rural Development  
REPUBLIC OF SOUTH AFRICA

KZN: Provincial Shared Service Centre, P/Bag X 9132, 270 Jabu Ndlovu Street, Pietermaritzburg 3200  
Tel (033) 264 9500

**SUPPLY CHAIN MANAGEMENT**

**REQUEST FOR QUOTATION 5/2/1 (204) 2L**

**ENQUIRIES:** Mr. S.B. Condwe / Ms. T. Dlungwana.

**To: The Managing Director.**

You are hereby invited to submit a quotation for the following goods/assets/service to the Department of Agriculture, Land Reform and Rural Development quotations to be submitted to the bid box on the 1<sup>st</sup> floor at Jabu Ndlovu Street, Pietermaritzburg, or email to ([Sizwile.Condwe@dalrrd.gov.za](mailto:Sizwile.Condwe@dalrrd.gov.za)).

**Description**

**REQUEST FOR QUOTATION FOR THE SUPPLY AND DELIVERY OF AN  
ERGOTHERAPY CHAIR WITH WHEELS FOR THE RLCC KZN OFFICE.**

**Delivery Address: 139 Langalibalele street  
: Pietermaritzburg  
: 3201**

**Client Office : Ms. Reshma Maharaj  
Contact Details : 033 341 2600**

**SCM Office : Mr. SB Condwe  
Contact Details :033 264 9595**

**[Quote as per attached specification]**

**CLOSING DATE: 09 June 2023**

**CLOSING TIME: 11h00am.**

Please submit your quotation on your company letterhead and **indicate:**

- **Quotation inclusive / exclusive of vat.**
- **Proof of CSD registration.**
- **Valid tax clearance certificate / Tax Compliance Status Pin**
- **Confirmation of inclusion of delivery cost.**
- **Quotation include warranty**

Yours Faithfully,

SIGNATURE: 

DATE: 01/06/2023

**For: Department of Agriculture, Land Reform and Rural Development.**

**PRICING SCHEDULE – FIRM PRICES  
(PURCHASES/SERVICES)**

**NOTE: ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT**

Name of bidder..... Bid number **SS-KZN 5/2/1 (204) 2L**

Closing Time: **11H00a.m**

Closing date: **09 June 2023**

OFFER TO BE VALID FOR **30** DAYS FROM THE CLOSING DATE OF BID.

ITEM NO.	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY (INCLUDING VAT AT 15% RATES)
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**REQUEST FOR QUOTATION FOR THE SUPPLY AND DELIVERY OF AN ERGOTHERAPY CHAIR WITH WHEELS FOR THE RLCC KZN OFFICE.**

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
ERGOTHERAPY CHAIR	1	R	R
		R	R
		R	R
<b>VAT@15% (If applicable)</b>			R
<b>TOTAL PRICE (Including/excluding Vat at 15%)</b>			R

**Please note FULL scope of work and specifications are indicated on the attached Terms of Reference, including**

- Required for: **PSSC office**
- Att:**270 Jabu Ndlovu street, PMB**
- Does the offer comply with the specification(s)? \*YES/NO
- If not to specification, indicate deviation(s) .....
- Training to start not later than 30 days from the appointment date .....  
\*Start date: Firm/not firm

## BIDDER'S DISCLOSURE

**1. PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

**2. Bidder's declaration**

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution

2.2 Do you, or any person connected with the bidder, have a relationship

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<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....  
.....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1 If so, furnish particulars:

.....  
.....

### **3 DECLARATION**

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned,  
(name)..... in  
submitting the accompanying bid, do hereby make the following  
statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring

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<sup>2</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

- 3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM 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**

**PRICE QUOTATION PROCESS (UP TO R 1 MILLION)**

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) 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:

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

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.



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

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

#### 3.2.1. POINTS AWARDED FOR PRICE

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

$$Ps = 80 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right) \text{ or } Ps = 90 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest 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) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) 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)	Percentage ownership equity (To be completed by the tenderer)	Number of points claimed (80/20 system) (To be completed by the tenderer)
I. Who had no franchise in national elections before the 1983 and 1993 Constitution	10		
II. Who is female	5		
III. Who has a disability	2		
IV. Specific goal: Who is youth	3		

**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

[TICK APPLICABLE BOX]

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

.....  
**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

.....

.....

.....

BAS

LOGIS

Office

System User Only	
Captured By:	<input type="text"/>
Captured Date:	<input type="text"/>
Authorised By:	<input type="text"/>
Date Authorised:	<input type="text"/>
Safety Web Verification	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

**The Director General: Department of Agriculture, Land Reform and Rural Development**

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that not additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days' notice by prepaid registered post. Please ensure information is valid as per required bank screens.

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibly for any delayed payments, as a result of incorrect information supplied.

Company / Personal Details	
Registered Name	<input type="text"/>
Trading Name	<input type="text"/>
Tax number	<input type="text"/>
Vat Number	<input type="text"/>
Title	<input type="text"/>
Initials	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>

Address Detail	
Postal Address Line 1	<input type="text"/>
Postal Address Line 2	<input type="text"/>
Physical Address Line 1	<input type="text"/>
Physical Address Line 2	<input type="text"/>
Postal Code	<input type="text"/>

New Detail	
<input type="checkbox"/> New Supplier Information	<input type="checkbox"/> Update Supplier Information
Supplier Type	<input type="checkbox"/> Individual <input type="checkbox"/> Department    Department Number <input type="text"/> <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> CC <input type="checkbox"/> Other    Other Specify <input type="text"/> <input type="checkbox"/> Partnership

### Supplier Account Details

(This field is compulsory and should be completed by a bank official from the relevant bank).

Account Name	<input style="width: 100%;" type="text"/>
Account Number	<input style="width: 100%;" type="text"/>
Branch Name	<input style="width: 100%;" type="text"/>
Branch Number	<input style="width: 100%;" type="text"/>
Account Type	<input type="checkbox"/> Cheque Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Transmission Account <input type="checkbox"/> Bond Account <input type="checkbox"/> Other (Please Specify) <input style="width: 150px;" type="text"/>
ID Number	<input style="width: 100%;" type="text"/>
Passport Number	<input style="width: 100%;" type="text"/>
Company Registration Number	<input style="width: 100%;" type="text"/>
*CC Registration	<input style="width: 100%;" type="text"/>
* Please include CC/CK where applicable	
Practise Number	<input style="width: 100%;" type="text"/>

When the bank stamps this entity maintenance form or provides an electronic bank stamp/letter attached to the entity maintenance form they confirm that all the information completed by the entity is correct.

**Bank stamp**

It is hereby confirmed that this details have been verified against the following screens  
**ABSA-CIF** screen  
**FNB-Hogans** system on the CIS4  
**STD** Bank-Look-up-screen  
**Nedbank**- Banking Platform under the Client Details Tab

### Contact Details

	<i>Area Code</i> .....	<i>Telephone Number</i> .....	<i>Extension</i> .....
Business			
	<i>Area Code</i> .....	<i>Telephone Number</i> .....	<i>Extension</i> .....
Home			
	<i>Area Code</i> .....	<i>Telephone Number</i> .....	
Fax			
	.....	.....	
Cell			
	<i>Cell Code</i>	<i>Cell Number</i>	
E-mail Address	<input style="width: 100%;" type="text"/>		

Contact Person	Supplier details	Departmental sender details
Signature	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Print Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Rank	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address of Agriculture, Land Reform and Rural Development Office where form is submitted from:



**OFFICE OF THE REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU-NATAL**

139 Langalibalele Street, PIETERMARITZBURG, 3200, Private Bag X 9120, PIETERMARITZBURG, 3200  
Tel: (033) 341 2600 | Fax: (033) 342 2881

**SPECIFICATIONS FOR AN ERGOTHERAPY CHAIR FOR RESHMA MAHARAJ  
FROM THE OFFICE OF THE RLCC KZN (139 LANGALIBALELE STREET,  
PIETERMARITZBURG):**

SPECIFICATIONS:

Pivot Unique lumbar support.

Moulded foam seat

3D height adjustable armrests (up/down, forwards/backwards, inversion/eversion)

Synchronous mechanism

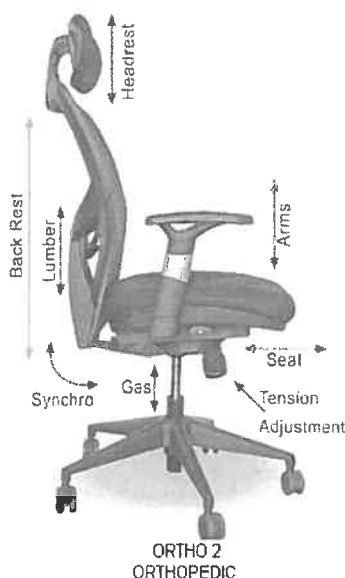
Back rest adjustment

5 position recline

Back rest tension adjustment

5 star base and castors

Adjustable high back headrest



RESHMA MAHARAJ

pmaharaj. 20/04/2023



**ERGOTHERAPY**  
SOLUTIONS®

**NetOne®**



Endorsed by the  
Chiropractic Association of South Africa

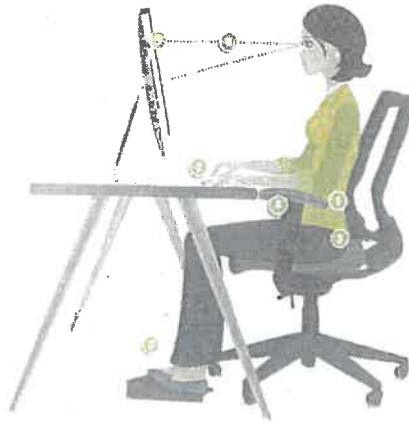
- 1. Pivot Lumbar Support:** Unique lumbar support adjusts according to the user. No manual adjustment required.
- 2. 3D Adjustable Armrests:** Grasp and lift levers to raise or lower. Move armrest cappings forwards/backwards and inwards/outwards.
- 3. Seat:** Moulded Foam Seat with waterfall front edge.
- 4. Height Adjustment Lever:** Lifting the lever while taking weight off the chair will raise the height; Holding the lever up while sitting will lower the height.
- 5. Seat Slider Lever:** With your weight off the chair, push lever down and the seat will move to its shortest position. While sitting, push lever down and slide your bottom forward to increase depth.
- 6. Backrest Adjustment:** Click lever down to lock backrest, click lever up to unlock backrest.
- 7. Backrest Tension:** To adjust tension (only applicable if backrest is unlocked) pull the windable lever out as far as possible. Turn clockwise to increase backrest tension; anti-clockwise to decrease tension.
- 8. Headrest (highback only):** Hold headrest with both hands and lift and lower.

t +27 (0) 11 326 5126 | f +27 (0) 11 326 5127 | e [info@ergotherapy.co.za](mailto:info@ergotherapy.co.za)  
Unit 4 Block A, Upper Grayston Office Park, 150 Linden Street, Sandton  
P.O.Box 575, Strathavon, 2031, SA

[www.ergotherapy.co.za](http://www.ergotherapy.co.za)

Physio Designed Solutions

## ERGONOMIC WORKSTATION GUIDELINES



1. Raise the chair until elbows are at height of keyboard.
2. Feet supported on the floor or footrest with hips slightly higher than knees.
3. Sit as far back in the chair as possible in order to feel lumbar support.
4. Keep elbows close to your body and shoulders relaxed.  
Armrests: Supporting forearms or underneath desk.
5. Monitor: Top most line of work at approximately eye level.
6. Viewing distance: Approximately 40-76 cm from eye to monitor.
7. Keyboard: Keep the keyboard in close proximity to avoid reaching forward. Keep wrists in line with your forearms. Keep the mouse in close proximity and alongside the keyboard.

† +27 (0) 11 326 5126 | † +27 (0) 11 326 5127 | ✉ info@ergotherapy.co.za  
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Physio Designed Solutions