## **INVITATION TO BID**

YOU ARE HEREBY INVI	TED TO BID FOR REQUIREMENTS OF TH	HE (NAME OF MUNICIPALITY/ENTITY)
BID NUMBER:	CLOSING DATE:	CLOSING TIME:
DESCRIPTION		
The successful bidder will b	e required to fill in and sign a written Co	ntract Form (MBD 7).
BID DOCUMENTS MAY BE P	OSTED TO:	
OR		
DEPOSITED IN THE BID BOX	( SITUATED AT (STREET ADDRESS)	
Bidders should ensure that be for consideration.	oids are delivered timeously to the correc	t address. If the bid is late, it will not be accepted
The bid box is generally open	24 hours a day, 7 days a week.	
ALL BIDS MUST BE SUBMIT	TED ON THE OFFICIAL FORMS – (NOT T	O BE RE-TYPED)
	ONS, 2011, THE GENERAL CONDITIONS (	CY FRAMEWORK ACT AND THE PREFERENTIAL OF CONTRACT (GCC) AND, IF APPLICABLE, ANY
	SIDERED FROM PERSONS IN THE SERVI	ICE OF THE STATE (as defined in Regulation 1 of tions)
(F,	THE FOLLOWING PARTICULARS MUST BE AILURE TO DO SO MAY RESULT IN YOUR BID B	

Fax:			
Tel:			
Contact Person:			
	EGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:		
Fax:			
Tel:			
Contact Person:			
Department:			
Municipality / Municipal Entity:			
ANY ENQUIRIES RI	EGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:	-	
TOTAL BID PRICE	. TOTAL NUMBER OF ITEMS OFFERED		
CAPACITY UNDER WHICH THIS BID IS SIGNED	)		
DATE			
SIGNATURE OF BIDDER			
OLONATURE OF RUNNER	Y (IF YES ENCLOSE P	(ES/NO PROOF)	
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS/SERVICES	S/WORKS OFFERED ?		
(A B-BBEE STATUS LEVEL VERIFICATION CERB-BBEE)	RTIFICATE MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFEREN	CE POINTS FOR	
A VERIFICATION AGENCY ACCREDITED BY THE SOUITH AFRICAN NATIONAL ACCREDITATION SYSTEM (SANAS) A REGISTERED AUDITOR (Tick applicable box)			
AN ACCOUNTING OFFICER AS CONTEMPLATE	ED IN THE CLOSE CORPORATION ACT (CCA)		
IF YES, WHO WAS THE CERTIFICATE ISSUED I		YES/NO	
HAS AN ORIGINAL AND VALID TAX CLEARANCE CERTIFICATE BEEN ATTACHED? (MBD 2)  HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (MBD 6.1)			
VAT REGISTRATION NUMBER	E CEDTIEICATE REEN ATTACHED? (MRD 2)	YES/NO	
E-MAIL ADDRESS			
FACSIMILE NUMBER	CODENUMBER		
CELLPHONE NUMBER	OODE NUMBER		
TELEPHONE NUMBER	CODENUMBER		
STREET ADDRESS	OODE NUMBER		
POSTAL ADDRESS			
NAME OF BIDDER			
NAME OF DIDDED			