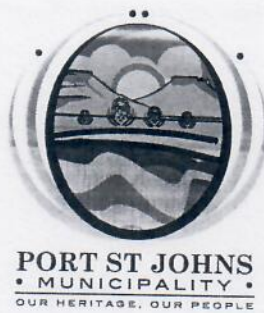


**PHYSICAL ADDRESS**  
PORT ST. JOHNS LOCAL MUNICIPALITY  
ERF 257 MAIN ROAD  
PORT ST. JOHN'S

**POSTAL ADDRESS:**  
P.O. BOX 2  
PORT ST. JOHN'S  
5120



TEL: 047 564 1208  
047 564 6700

FAX: 047 564 1206

www.psjmunicipality.gov.za  
info@psjmunicipality.gov.za

DATE:	PERSON DEALING WITH THE MATTER:	REFERENCE:	CLOSING DATE & TIME
11 January 2022	Mrs N. Baleni-Gxumisa 079 890 4517	PSJLM - 2021/22 Ref 21	19- 01- 2022 @ 11:00 AM

**ADVERT FOR SUPPLY AND DELIVERY OF CHEST FREEZER**

All the items needed are listed in the attached schedule and Envelopes must be clearly marked  
**Advert for supply and delivery of chest freezer**

Completed Quotations must be placed in the bid box situated at Erf 257, Main Street, P.O.Box 2, Port St. Johns, 5120 (Municipal Offices), at the reception area not later than **19 January 2022 at 11h00 AM.**

The following conditions will apply:

- a) Price(s) quoted must be valid for at least thirty (30) days from date we receive your offer.
- b) Price(s) quoted must be firm and must be inclusive of VAT.
- c) A firm delivery period must be indicated.
- d) This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Policy Framework Act (No 5 of 2000) as amended, where 20 points will be for B-BBEE verification level and 80 points will be for price.
- e) The Port St. Johns Local Municipality Supply Chain Management Policy will apply.
- f) The Port St. Johns Local Municipality does not bind itself to accept the lowest quotation or any other quotation and reserves the right to accept the whole or part of the quotation.
- g) Quotations which are late, incomplete, unsigned or submitted by facsimile or electronically, will not be accepted.
- h) Attach a detailed Central Supplier Database report and **Fill in and Attach New MBD 1, MBD 4, MBD 6.1, MBD 7.2, MBD 8, MBD 9 and must be submitted with the Quotation (obtained on Municipal website)**
- i) Attach Rates clearance statement of the company or its directors which is not later than 90 days obtained from your respective Municipality or lease agreement signed by both parties (lessor and lessee). If exempted, please attach letter of exemption from your respective Municipality's revenue office to prove that the bidder as per the Municipality's valuation roll does not own any property which is not later than 90 day
- j) Attach Compliance Tax Pin for verification on SARS website
- k) Attach certified Copy of B-BBEE Verification Level certificate only approved by SANAS OR DTI approved Sworn Affidavit must be attached and should have original stamp of commissioner. (Failing to attach will not lead to disqualification but will lose points of BBEE)



**PHYSICAL ADDRESS**  
PORT ST. JOHNS LOCAL MUNICIPALITY  
ERF 257 MAIN ROAD  
PORT ST. JOHN'S

**POSTAL ADDRESS:**  
P.O. BOX 2  
PORT ST. JOHN'S  
5120



TEL: 047 564 1208  
047 564 6700

FAX: 047 564 1206

www.psjmunicipality.gov.za  
info@psjmunicipality.gov.za

Failure to comply with these conditions will invalidate your offer.

Evaluation Criteria for this procurement will be as follows:

Price = 80


Maximum at the BBEE verification level = 20

SPECIFICATION FOR SUPPLY AND DELIVERY CHEST FREEZER

SPECIFICATION	QUANTITY
481 Litres white chest freezer	16

Kindly contact Ms Rubela on 072 033 4824 for more clarity regarding specification during office hours.

Yours in developmental local government

  
\_\_\_\_\_  
Mr H.T Hlazo  
Municipal Manager

Date 10/01/2022

