

## PART A INVITATION TO BID

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (SOUTH AFRICAN NATIONAL BIODIVERSITY INSTITUTE)</b>                                                                                                                                                                                                                                                                  |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| RFQ NUMBER:                                                                                                                                                                                                                                                                                                                                                                   | Q11728/2025                                                                        | CLOSING DATE: | 27 October 2025                                                          | CLOSING TIME:                                                                                        | 11H00am                                                  |
| <b>DESCRIPTION</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| <p><b>APPOINTMENT OF A SERVICE PROVIDER TO PROVIDE THE SERVICES OF AN EXPERIENCED OCCUPATIONAL HEALTH NURSE TO ASSIST WITH MEDICAL EXAMINATIONS AT NATIONAL ZOOLOGICAL GARDEN FOR A PERIOD OF THREE (3) YEARS AS AND WHEN REQUIRED.</b></p>                                                                                                                                   |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| <b>BID RESPONSE DOCUMENTS MAY BE E-MAILED TO BELOW ADDRESSES:</b>                                                                                                                                                                                                                                                                                                             |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| <p>Submission of proposals: Proposals must be emailed to <a href="mailto:S.SCM-Quotations@sanbi.org.za">S.SCM-Quotations@sanbi.org.za</a><br/> <u><b>Failure to send to the above email address will result in your bid being disqualified.</b></u><br/> <u><b>Please state the Bid number as the reference number on the subject line when responding to the RFQ</b></u></p> |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                                                                                                                                                                                         |                                                                                    |               | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                           |                                                                                                      |                                                          |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                | Ripfumelo Fumani                                                                   |               | CONTACT PERSON                                                           | Mpho Shai                                                                                            |                                                          |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                                                                                                                              | 012 843 5035                                                                       |               | TELEPHONE NUMBER                                                         | 012 339 2849                                                                                         |                                                          |
| FACSIMILE NUMBER                                                                                                                                                                                                                                                                                                                                                              | n/a                                                                                |               | FACSIMILE NUMBER                                                         | n/a                                                                                                  |                                                          |
| E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                | <a href="mailto:r.fumani@sanbi.org.za">r.fumani@sanbi.org.za</a>                   |               | E-MAIL ADDRESS                                                           | <a href="mailto:m.shai@sanbi.org.za">m.shai@sanbi.org.za</a>                                         |                                                          |
| <b>SUPPLIER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| NAME OF BIDDER                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| POSTAL ADDRESS                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                                                                                                                              | CODE                                                                               |               | NUMBER                                                                   |                                                                                                      |                                                          |
| CELLPHONE NUMBER                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| FACSIMILE NUMBER                                                                                                                                                                                                                                                                                                                                                              | CODE                                                                               |               | NUMBER                                                                   |                                                                                                      |                                                          |
| E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| VAT REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| SUPPLIER COMPLIANCE STATUS                                                                                                                                                                                                                                                                                                                                                    | TAX COMPLIANCE SYSTEM PIN:                                                         |               | OR                                                                       | CENTRAL SUPPLIER DATABASE No:                                                                        | MAAA                                                     |
| <b>B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE</b>                                                                                                                                                                                                                                                                                                                           | <b>TICK APPLICABLE BOX</b>                                                         |               | <b>B-BBEE STATUS LEVEL SWORN AFFIDAVIT</b>                               |                                                                                                      | <b>TICK APPLICABLE BOX</b>                               |
|                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                           |               |                                                                          |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]1</b>                                                                                                                                                                                                        |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF] |               | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER THE QUESTIONNAIRE BELOW] |                                                          |
| <b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                                                                                                                                                                             |                                                                                    |               |                                                                          |                                                                                                      |                                                          |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                                                                                                                                                                               |                                                                                    |               |                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO                                             |                                                          |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                                                                                                                                                                                     |                                                                                    |               |                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO                                             |                                                          |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                                                                                                                                                                                    |                                                                                    |               |                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO                                             |                                                          |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                                                                                                                                                                                         |                                                                                    |               |                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO                                             |                                                          |

IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? ☐ YES ☐ NO  
 IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.

## PART B TERMS AND CONDITIONS FOR BIDDING

### 1. BID SUBMISSION:

- 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.**
- 1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
- 1.4. **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**

### 2. TAX COMPLIANCE REQUIREMENTS

- 2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
- 2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE [WWW.SARS.GOV.ZA](http://WWW.SARS.GOV.ZA).
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
- 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
- 2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
- 2.7 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....

(Proof of authority must be submitted e.g. company resolution)

DATE: .....

## 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 |
|-----------|-----------------|---------------------------|
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |

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

.....

<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.

### 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 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

<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.

## PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

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
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

### 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) The **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     |
|--------------------------------------------------|------------|
| PRICE                                            | 80         |
| SPECIFIC GOALS                                   | 20         |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b> |

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.

1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

### 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in

legislation;

- (b) “**price**” means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) “**rand value**” means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) “**tender for income-generating contracts**” means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) “**the Act**” means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

### 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

#### 3.1. POINTS AWARDED FOR PRICE

##### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

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

$$\begin{array}{ccc} 80/20 & \text{or} & 90/10 \\ P_s = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right) & \text{or} & P_s = 90 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right) \end{array}$$

Where

- $P_s$  = Points scored for price of tender under consideration
- $P_t$  = Price of tender under consideration
- $P_{min}$  = 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:

$$\begin{array}{ccc} 80/20 & \text{or} & 90/10 \\ P_s = 80 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right) & \text{or} & P_s = 90 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right) \end{array}$$

Where

- $P_s$  = Points scored for price of tender under consideration
- $P_t$  = Price of tender under consideration
- $P_{max}$  = 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<br>(80/20 system)<br>(To be completed by the organ of state) | Number of points claimed<br>(80/20 system)<br>(To be completed by the tenderer) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. Categories of persons historically disadvantaged by unfair discrimination on the basis of race.<br>100% black ownership<br><br>(Points will be allocated based on the percentage of ownership per goal. Information will be verified on CSD. CSD must be attached as proof)         | 10                                                                                      |                                                                                 |
| 2. Categories of persons historically disadvantaged by unfair discrimination on the basis of gender.<br><br>100 % female ownership<br><br>(Points will be allocated based on the percentage of ownership per goal. Information will be verified on CSD. CSD must be attached as proof) | 10                                                                                      |                                                                                 |
| <b>Total</b>                                                                                                                                                                                                                                                                           | 20                                                                                      |                                                                                 |

## 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



- 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:** .....  
.....



**Consent form in terms of section 11 of the Protection of Personal Information Act No 4 of 2013 (POPIA)**

In order for the South African National Biodiversity Institute (SANBI) to consider the bidder's response to the RFQ / RFP to become a service provider of the SANBI, it will be necessary for the SANBI to process certain personal information which the service provider may share with SANBI for the purpose of the RFQ / RFP, including personal information, which may include special personal information (all hereafter referred to as "Personal Information")

The SANBI will process the Service Provider's Personal Information in accordance with the SANBI Privacy Policy.

*Access to your Personal Information and purpose specification*

Personal Information will be processed by SANBI for purposes of assessing the service provider's submission in relation to the RFQ / RFP i.e. the purposes of assessing current services required by the SANBI. We may also share the service provider's Personal Information with third parties, both within the Republic of South Africa and in other jurisdictions, including to carry out verification, background checks and Know Your Customer obligations in terms of the Financial Intelligence Centre Act, No. 38 of 2001 ("FICA"). In this regard, the service provider acknowledges that SANBI's authorised verification agent(s) and service providers will access Personal Information and conduct background screening.

*Consent* By [ticking/clicking] "Yes" and signing below, you agree and voluntarily consent to the SANBI's processing of the service provider's Personal Information for the purposes of evaluating its RFQ / RFP submission, including to confirm and verify any information provided in the submission and service provider gives SANBI permission to do so. The service provider understands that it is free to withdraw its consent on written notice to SANBI and the service provider agrees that the Personal Information may be disclosed by the SANBI to third parties, including SANBI's affiliates, service providers and associates (some of which may be located outside of the Republic of South Africa). **Please note that if you withdraw your consent at any stage, we may be unable to process your RFQ / RFP.**

Yes ☐

No ☐

\_\_\_\_\_  
Supplier Name

Date

Signature

\_\_\_\_\_  
Authorised representative, who warrants that he/she is duly authorised.

**TERMS OF REFERENCE  
Q11728/2025**

**APPOINTMENT OF A SERVICE PROVIDER TO PROVIDE THE SERVICES OF AN EXPERIENCED OCCUPATIONAL HEALTH NURSE TO ASSIST WITH MEDICAL EXAMINATIONS AT NATIONAL ZOOLOGICAL GARDEN FOR A PERIOD OF THREE (3) YEARS AS AND WHEN REQUIRED.**

**NATIONAL ZOOLOGICAL GARDEN 232 BOOM STREET  
PRETORIA GAUTENG 0001**

## **1. PURPOSE:**

The purpose of this request is to provide the services of an experienced occupational health nurse to assist the SANBI Occupational Health and Wellness Practitioner with conducting annual medical examinations at National Zoological Garden in Pretoria for a period of three (3) years as and when required.

## **2. BACKGROUND:**

SECTION 8 of Occupational health and safety Act no. 85 of 1993 requires every employer to provide and maintain, as far as it is reasonably practicable, a working environment that is safe and without risk to the health and safety of the employees. Medical examinations are done to assist with early detection, monitoring and management of adverse health effects of a particular work-related hazards. To achieve this SANBI must:

- Establish a planned programme of periodic examinations, which include clinical examination, biological monitoring, or medical tests of employees by an occupational health practitioner on an annual basis.
- The purpose of periodic medical examinations is for the early identification of conditions, if any, that could present an increased risk of adverse health effects related to the task being performed.
- Based on the type of work being performed, including consideration of factors such as the duration of the task, the materials being used, and the potential for exposure, medical surveillance is either recommended or required for the job.
- The employer should keep records of all medical examinations and control measures.

## **3. Scope of Works**

Occupational Health locum nurse is required to assist the SANBI Occupational Health and Wellness practitioner with annual medical examinations at National Zoological Garden in Pretoria to establish compliance with the requirements of the Occupational Health and Safety Act (85 of 1993).

## **4. Extent of services**

- The medical examinations include the following:
  - Vital Signs
  - Audiometric Screening Test
  - Lung Function/ Spirometry Test



- Physical Examination
  - Vision Screening
  - Urine Test
- The service will be for approximately 22 days, Monday to Friday 08h00-16h30.

## 5. Relevant Competencies and expertise

The Occupational Health nurse should possess the following skills, abilities & competencies:

- Be able to conduct physical examinations.
- Good interpersonal skills.
- Knowledge, understanding and experience in Occupational Health.
- The nurse must have at least 2 years' experience in the occupational Health field.
- Registration with the South African Nursing Council as a Registered Nurse.

## 6. Mandatory Documents

Potential Service Providers must submit the following documentation: Quotes must be accompanied by the following documentation (**Failure to submit this required documentation WILL lead to disqualification**):

- SBD Form 1, 4, and 6.1
- A copy of the Central Suppliers Database (CSD) registration report.
- Official Quotation on the company letterhead.
- A valid Letter of Good Standing as required by the Compensation for Occupational Injuries and Diseases Act (COIDA).
- A certified copy of Liability Insurance Cover for the company and the amount available per claim.
- A valid Certificate of Registration with Health Professions Council of South Africa (HPCSA) as a Medical Practitioner.
- A registration certificate as an Occupational Medical Practitioner with South African Society of Occupational Medicine (SASOM).
- The Occupational Health Nurse practitioner (OHNP) must provide qualification as a Nursing Practitioner and registration with the South African Nursing Council as a Registered Nurse.
- The OHNP must further provide proof of membership with South African Society of Occupational Health Nursing (SASOHN)

## 7. OPERATING HOURS

The appointed Service Provider will be required to provide services within the set time of the project, operating hours will be those that are set by the garden, Monday to Friday from 08:00 to 16:30.

## 8. Evaluation process

The evaluation process will be based on the price and Specific goals of those bids that meet the minimum threshold for functionality. By Preferential Procurement Regulations, 2022 about the Preferential Procurement Policy Framework Act (No. 5 of 2000)

| Specific Goal                                                                                                                                                                                                       | Total Points |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Categories of persons historically disadvantaged by unfair discrimination on the basis of race.<br><br><b>Information will be verified on CSD report - 100% black ownership = 10 points and white ownership = 5</b> | (10)         |
| Categories of persons historically disadvantaged by unfair discrimination based on gender.<br><br><b>Information will be verified on CSD report. 100% Female ownership = 10 points</b>                              | (10)         |
| Total                                                                                                                                                                                                               | 20           |

Sufficient information must be provided to allow the evaluation panel to score bids against all these criteria. Failure to do so may result in the disqualification of bids.

## 9. Costing

**The costing should be per person inclusive of all costs All prices must be inclusive of VAT**

## Breakdown of the cost:

| Activity                                    | Quantity                      | Year 1 | Year 2 | Year 3 | Total Cost<br>excluding<br>VAT |
|---------------------------------------------|-------------------------------|--------|--------|--------|--------------------------------|
| Experienced<br>occupational health<br>nurse | 22 Days<br>(8 Hours a<br>day) |        |        |        |                                |
| <b>Total Cost<br/>(Excluding VAT)</b>       |                               |        |        |        |                                |
| <b>Total Cost<br/>(Including VAT)</b>       |                               |        |        |        |                                |

## 10.Contract Terms

- The contract duration is three (3) years from the date of signing the contract.

- Payment of invoices will be in accordance with PFMA (within 30 days of receipt of invoice) after the service has been rendered.
- Pricing will remain fixed for the first year of the contract, adjustments or ad hoc costs will not be considered, and a pricing increase will be considered in the second year of the contract through negotiation and agreement between the service provider and SANBI. Supplier performance evaluation will be conducted annually.
- SANBI reserves the right to terminate the contract in case of unsatisfactory performance.
- General Information
- All documents submitted in the response to this Request for Quotation (RFQ) must be written in English.
- Service providers shall not assume that information and/or documents supplied to the PNZG at any time prior to this RFQ are still available or that they will be considered and shall not make any reference to such information and/or documentation in their response to the RFQ.
- Each quotation shall be valid for a period of three months calculated from the closing date of this RFQ.
- The appointment of a successful service provider shall be subject to all parties agreeing to mutually acceptable contractual

## **11. Terms and Conditions.**

In the event of all parties failing to reach an agreement within 30 days from the appointment date, SANBI reserves the right and shall be entitled to appoint the second contractor or to re-advertise should the second tender not be acceptable.

## **12. SANBI has the right:**

- To verify any information supplied in the tender documents.
- Not to appoint any service provider.
- To cancel or withdraw this RFQ at any time without attracting any penalties or liabilities.
- To appoint one or more service providers, depending on the outcome, to separately or jointly be responsible for the supply and delivery of irrigation consumables to the campus.
- To have the final say in the appointment and that this will be binding.



- To disqualify a quotation or cancel any subsequent contracts should it be found that information disclosed was factually inaccurate and/or that a misrepresentation of facts may have occurred.
- To disqualify potential Service Providers who may attempt to bribe or influence any person employed by SANBI during this quotation process.

### **13. PROPOSAL FOR SUBMISSIONS**

**Closing date for submission of responses: 27 October 2025 at 11:00am**

Submission of proposals must be emailed to [S.SCM-Quotations@sanbi.org.za](mailto:S.SCM-Quotations@sanbi.org.za)

Emailed applications must not be more than 6MB in size.

For Technical queries please contact: Mr Mpho Shai @ [m.shai@sanbi.org.za](mailto:m.shai@sanbi.org.za) .