



**MTHONJANENI MUNICIPALITY**

**BID REFERENCE NO.: M0067**

**Grap 19 Post-Employment Benefits Valuation**

Bidder (Company Name): \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Total Bid Amount: **R**\_\_\_\_\_

## **SUBMISSION OF BID AND SUPPORTING DOCUMENTS**

- A. This bid document has the following documents that need to be read and properly, completely and neatly filled in:
  - 1. Bid Specification/ Bills of Quantities
  - 2. MBD 4, MBD 6.1, MBD 8 and MBD 9
  
- B. Apart from the above information to be completed, the following documents must accompany this bid document:
  - 1. Original or Certified Copies of Company Registration Documents
  - 2. Certified Copies of ID's of Directors/ Trustees/ Members/ Shareholders
  - 3. Valid Tax Clearance Certificate with Tax Compliance Status Pin
  - 4. Original or Certified Copy of BBBEE Certificate/ DTI Affidavit
  - 5. Proof of CSD Registration
  - 6. Company Profile (***Not Compulsory***)

## SECTION A

**1. Bid Specification/ Bills of Quantities**

QUANT.	DESCRIPTION	UNIT PRICE	TOTAL
1	Valuation of Post-employment Benefits <i>(Please attach a detailed quote)</i>	R	R
Sub-Total			R
Add: VAT <i>(If Registered)</i>			R
Total Bid Amount			R

## 2. MBD Forms

## SECTION B