

### **TENDER DOCUMENT: HPCSA 06/2023**

## REQUEST FOR PROPOSAL FOR BUSINESS ARCHITECTURE SERVICES FOR A PERIOD OF TWELVE (12) MONTHS.

# ON BEHALF OF THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Situated at: 553 Madiba Street, Arcadia, Pretoria

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#### PART 1 – GENERAL TENDER INFORMATION

TENDER ADVERTISED 30 July 2023

TENDER CLOSING DATE/TIME 15 August 2023 (12h00 – Local SA Time)

BRIEFING SESSION DATE/TIME [N/A]

VIRTUAL BRIEFING SESSION N/A

**TENDER BOX & ADDRESS** Tender Box, Reception Area

HPCSA Main Building 553 Madiba Street Arcadia, Pretoria

0001

If the tender offer is too large to fit into the above-mentioned box or the box is full, please

enquire at the Reception.

**HPCSA TENDER** Ms. L Makhanthisa

REPRESENTATIVES email: <u>Tenders@hpcsa.co.za</u>

TENDER FEE: N/A.

**OPENING OF TENDERS: PLACE** HPCSA Main Building, 553 Madiba Street

80/20

TIME 15 August 2023 @12:00

PREFERENCE SYSTEM

(Preferential Procurement

Regulations)

#### PART 2 - DETAILS OF TENDERER

| 2.1 Type of Entity (Please tick  | one box)                    |                   |
|--|-----------------------------|-------------------|
| Individual / Sole Proprietor Company   |                             | Close Corporation |
| Partnership or Joint Venture or Consortium   | Trust                       | Other:            |
| 2.2 Required Details (Please provide   | e applicable details in ful | I):               |
| Name of Company / Close Corporation or Partnership / Joint Venture / Consortium or Individual /Sole Proprietor |                             |                   |
| Trading as (if different from above)   |                             |                   |
| Company / Close Corporation registration number (if applicable)  |                             |                   |
| Postal address   |                             |                   |
|  |                             |                   |
|  | Postal Code                 |                   |
| Physical address   |                             |                   |
| (Chosen domicilium citandi et  |                             |                   |
| executandi)  | Postal Code                 |                   |
| Contact details of the person duly authorised to represent the tenderer  | Name: Mr/Ms                 |                   |
| ·  | (Name & Surname)            |                   |
|  | Telephone:( )               | Fax:()            |
|  |                             |                   |
|  | E-mail address:             |                   |
| Income tax number  |                             |                   |
| VAT registration number  |                             |                   |
| SARS Tax Compliance Status PIN   |                             |                   |

#### PART 3 – FORM OF OFFER AND ACCEPTANCE

#### TENDER NO: HPCSA 06/2023 RFP BUSINESS ARCHITECTURE SERVICES

#### PART A (TO BE FILLED IN BY TENDERER):

Required Details (Please provide applicable details in full):

|             | lame of Tendering Entity*<br>"the tenderer")  |            |        |           |       |        |            |       |        |           |        |         |               |
|-------------|---|------------|--------|-----------|-------|--------|------------|-------|--------|-----------|--------|---------|---------------|
| rading      | g as (if differe  | ent from   | above  | ∋)        |       |        |            |       |        |           |        |         |               |
| AND         | WHO   | IS         | 1      | epresen   | ted   | I      | herein     | by    | :(full | name      | es     | of      | signatory)    |
| duly        | authorized  | to act     | on     | behalf    | of    | the    | tenderer   | in    | his    | capacity  | as:    | (title/ | designation)  |
| 1.          | HEREBY AGREES THAT by signing the Form of Offer and Acceptance, the tenderer:  1. confirms that it has examined the documents listed in the Index (including Schedules and Annexures) and has accepted all the Conditions of Tender;  |            |        |           |       |        |            |       |        |           |        |         |               |
| 2.<br>HPC   |   | t it has r | eceive | ed and ir | ncorp | oorate | ed any and | d all | notic  | es issued | to ter | nderers | issued by the |
| and r       | 3. confirms that it has satisfied itself as to the correctness and validity of the tender offer; that the price(s) and rate(s) offered cover all the goods and/or services specified in the tender documents; that the price(s) and rate(s) cover all its obligations and accepts that any mistakes regarding price(s), rate(s) and calculations will be at its own risk; |            |        |           |       |        |            |       |        |           |        |         |               |
| docui<br>a. | document to the HPCSA in accordance with the:  a. terms and conditions stipulated in this tender document;  |            |        |           |       |        |            |       |        |           |        |         |               |
|             |   |            |        |           |       |        |            |       |        |           |        |         |               |
| S           | Signature(s)  |            |        |           |       |        |            |       |        |           |        |         |               |
|             | Print name(s): On behalf of the tenderer (duly authorized)  |            |        |           |       |        |            |       |        |           |        |         |               |
| Date        | Date  |            |        |           |       |        |            |       |        |           |        |         |               |

#### FORM OF OFFER AND ACCEPTANCE (continued)

#### TENDER NO: HPCSA 06/2023 RFP BUSINESS ARCHITECTURE SERVICES

#### PART B (TO BE FILLED IN BY THE HPCSA)

By signing this Form of Offer and Acceptance the HPCSA (also referred to as the 'Purchaser'):

| 1.    | accepts the offer submitte<br>REFERRED TO AS THE                               | • `                       |                       | ENDERER, ALS        | O       |
|-------|--|---------------------------|-----------------------|---------------------|---------|
|       | NEI ENNED TO AS THE  | SERVICE FROVID            | LIX )                 | , thereby           |         |
| cond  | cluding a contract with the Service  | e Provider for a contract | period from date of o |                     | ontract |
| not e | exceeding 60 months;   |                           |                       |                     |         |
| 2.    | undertakes to make payment   | for the goods/services    | delivered in accord   | lance with the term | s and   |
| cond  | ditions of the Contract.   |                           |                       |                     |         |
| SIG   | NED AT(PLACE)  | ON THIS THE               | DAY OF<br>(DD)        | 20_<br>(MM)         | (YY)    |
| _     | nature(s) and stamp of cutive Director or his/ her delega                      | —<br>ated authority       |                       |                     |         |
| (duly | t name(s): y authorized in terms of System of Delegations upproved by Council) |                           |                       |                     |         |

#### FORM OF OFFER AND ACCEPTANCE (continued)

#### Schedule of Deviations

#### Notes:

- a) The extent of deviations from the tender documents issued by the HPCSA before the tender closing date is limited to those permitted in terms of the conditions of tender.
- b) A tenderer's covering letter shall not be included in the final contract document. Should any matter in such letter, which constitutes a deviation as aforesaid, become the subject of agreements reached during the process of offer and acceptance, the outcome of such agreement shall be recorded here.
- c) Any other matter arising from the process of offer and acceptance either as a confirmation, clarification or change to the tender documents and which it is agreed by the Parties becomes an obligation of the contract shall also be recorded here.
- d) Any change or addition to the tender documents arising from the above agreements and recorded here, shall also be incorporated into the final draft of the Contract.

By the duly authorized representatives signing this agreement, the HPCSA and the tenderer agree to and accept the foregoing schedule of deviations as the only deviations from and amendments to this tender document and addenda thereto as listed in the returnable schedules, as well as any confirmation, clarification or changes to the terms of the offer agreed by the tenderer and the HPCSA during this process of offer and acceptance.

It is expressly agreed that no other matter whether in writing, oral communication or implied during the period between the issue of the tender documents and the receipt by the tenderer of a completed signed copy of this Agreement shall have any meaning or effect in the contract between the parties arising from this agreement.

#### 4. PART 4 - ADMINISTRATIVE INFORMATION

#### 4.1 Purpose

- **4.1.1** The purpose of this tender is to invite bids for business architecture services for a period of twelve (12) months.
- **4.1.2** HPCSA is in pursuit of service excellence and cost competitiveness from a service provider with a proven track record in architecting a business for transformation and or continual improvement.

#### 4.2 HPCSA Terms & Conditions of the Tender

- **4.2.1** The HPCSA reserves the right without furnishing any reasons whatsoever, to cancel, withdraw or re-advertise, or to award or not to award this service/tender(s).
- **4.2.2** The HPCSA reserves the right not to accept the lowest tender or any tender, in part or in whole.
- **4.2.3** Successful applicants will be required to enter into service level agreements with the HPCSA in addition to contractual obligations.
- 4.2.4 Tenders should be submitted in a sealed package marked, "HPCSA 06/2023"
- 4.2.5 Bidders are required to provide both hard and electronic copies of their bid submission/ regarding Envelope 1 "Technical Proposal", bidders must provide original proposal plus three (3) hard copies. The sealed envelope must be placed in the tender box at the Main Reception area of the HPCSA Building, 553 Madiba Street, Arcadia, 0002, South Africa.
  - Note: This Tendering Process will use a two-envelope system i.e. Bidders must submit the Administrative Requirements (Mandatory) and functional proposal in one envelope (together with relevant copies) and pricing and preference points proposals in a separate envelope (together with the relevant copies). BOTH ENVELOPES MUST BE CLEARLY MARKED.
- **4.2.6** No Tender received by telegram, mail, e-mail, or facsimile will be considered.
- **4.2.7** Where a tender is not submitted at the time of the tender closing, such a tender will not be assessed.
- **4.2.8** The HPCSA is entitled to amend any tender condition, validity period and specification of such a tender before the closing date. All tenderers, to whom the tender documents have been issued, will be advised in writing of such amendment or of extensions, promptly.

#### 4.3 Confidentiality

Both parties shall keep all information obtained by them in the context of the Contract confidential and shall not divulge it without the written approval of the other party.

#### 4.4 Retention of Tenders

All tenders submitted shall become the property of the HPCSA. The HPCSA will make all reasonable efforts to maintain tenders in confidence. Proprietary information should be identified in each tender.

#### 4.5 Cancellation and re-invitation of bids

The decision to cancel a bid will be published in the same media in which the original bid invitation was advertised.

#### 4.6 Vendor Communications

- **4.6.1** During the tendering period, communications between vendors and the HPCSA will only be in writing through email for any queries and questions.
- **4.6.2** All communications, correspondence, documentation, manuals, tenders, presentations, demonstrations etc., must be in English.
- **4.6.3** All questions concerning the Tender must refer to the Tender page number, section number and paragraph number. All questions and correspondence must only be directed to the authorised HPCSA Tender Representatives, listed in PART 1 of the tender.

#### 4.7 Prime Service Provider Relationship

- **4.7.1** The HPCSA intends to contract only with an identified vendor known as the Prime Service Provider when the Tender is issued.
- 4.7.2 Subcontracting assignments will be allowed. The subcontractors should adhere to the same requirements as set out for the Prime Service Provider. In the event of a subcontracting arrangement, the Prime Service Provider assumes all responsibility for delivery, installation, maintenance, and any support service including documentation that is supplied by the subcontractor.

#### 4.8 Response Validity Period

Tender responses will be valid for a period of 90 days after the closing date.

#### 4.9 Pricing Section

These guidelines are to assist you in submitting pricing data.

Provide a summary description of your standard estimating methods bearing the following in mind:

- a. Prices based on currencies other than the South African Rand, the exchange rate utilised, and the date of the exchange rate must be clearly indicated.
- b. Prices are to be inclusive of all applicable tax. An indication of those prices to which tax does not apply is also required.
- c. Price must be fixed for a period guided by the timelines provided to complete the project as detailed under the scope of the terms of reference

| Description                            | Fixed Hourly Rate (VAT Excl) | Total cost per month | Total cost for 12 months (VAT Excl) |
|--|------------------------------|----------------------|-------------------------------------|
| BUSINESS<br>ARCHITECTURE<br>SERVICES   |                              |                      |                                     |
| (At 160 hours per month for 12 months) |                              |                      |                                     |
| Sub-Total (Excl VAT)                   |                              |                      |                                     |
| VAT                                    |                              |                      |                                     |
| TOTAL (VAT INCL)                       |                              |                      |                                     |

#### 6. PART 5 - TERMS OF REFERENCE (SPECIFICATION)

#### 6.1 Background

The Health Professions Council of South Africa (HPCSA) is a statutory body established under the Health Professions Act 56 of 1974 (as amended) and is mandated to regulate the health professions in the Republic of South Africa and functions through 12 Professional Boards operating under its auspices. The Professional Boards control the professions falling within their ambit under the overarching coordination and guidance of the HPCSA and are responsible for:

- **6.1.1** Setting standards for the Education, training and registration and practice of all health professions registered under the Act.
- **6.1.2** Fostering compliance with the standards set.
- **6.1.3** Ensure ongoing continuing professional development by practitioners; and
- **6.1.4** Investigate complaints lodged against practitioners registered under the Act.

Council has in its strategic plan for the FY2021/22 to FY2025/26 a strategic objective to implement a post business process re-engineering organisational structure review project. Council is thus embarking on this project to achieve an organisational structure that will supports the HPCSA Mandate, Strategic Plan, and other regulatory imperatives. The organisational structure review seeks to ensure continuous improvements in the functioning of the HPCSA, responsiveness and agility. The review thus intends to thoroughly analyze business functions, the current organisational structure, business g processes, human resources capacity, performance levels and capabilities, financial implications, systems, stakeholders/clients/partners and service charter expectations, standard operating procedures and working methods. To this effect, the HPCSA is looking for a business architecture to perform these functions.

#### 6.2 BUSINESS ARCHITECTURE

The business architecture will mainly function at a strategic and senior level by playing a leading role in assisting with the creation of a blueprint that defines the way in which the various departments and divisions integrate. It aims to consolidate and maintain a conceptual, multidimensional view of an organization in order to better define the target state of the organisation and facilitate strategy execution. The deployed business architecture resource(s) will work in a team that consists of (1) Manager: Organisational Development and Talent Management, (2) Business Analyst, (3) Project Manager and HPCSA Lines of Business managers to identify where the issues such as service delivery challenges emanate from.

#### 6.3 SCOPE OF WORK

#### 6.3.1 PRIMARY ROLE

The primary role that the Business Architecture Service Provider will be required to deliver on is reviewing *the post business process re-engineering project's (BPR)* organisational structure and suggest a redesign that will ensure efficient and effective service delivery and responsiveness. This will include a review of various structures of the HPCSA in terms of its governance, functional layout, business processes and business information.

The review and redesign processes are expected to align (1) the HPCSA's mandate, (2) the strategic goals and objectives and (3) key business initiatives with decisions regarding services as needed by employees, internal and external key stakeholders (especially employees and practitioners), partners and suppliers. The primary focus of the entire enterprise will be on streamlining business operations and processes and related networks needed to ensure a platform for a seamless service delivery.

The Business Architecture Service Provider must work to develop an integrated view of the enterprise using an approach informed by a cohesive framework, and good practice industry standard techniques.

#### 6.3.2 RESPONSIBILITIES

- Develop a business architecture strategy based on a situational analysis of existing various HPCSA's business processes.
- b. Provide architectural solutions for business organizations (enterprise/departments/divisions/sections) to address organisational structural issues that hinder achievement of company goals. In this regard, the Service Provider will be required to:
  - Apply a structured business architecture approach and methodology for capturing the key views of the enterprise.
  - Define the set of strategic, core and support business processes that transcend functional and organizational boundaries.
  - Identify and describe external entities such as customers, suppliers, and external systems that interact with the business.
  - Describe which people, resources and controls are involved in the processes.
  - Describe the primary business functions of the enterprise and distinguish between customer-facing, supplier-related, business execution and business management functions.
  - Analyse customer needs ensures that the organization is meeting those needs.
- c. Partner with IT architecture team(s) in ensuring that the IT framework aligns with the business strategy and plan.
- d. Serve as a liaison between the executive office and front-line staff.
- e. Ensure that the business and operating models are in keeping with the company's mission statement.
- f. Ensure that HPCSA mandatory business capabilities are clarified and nurtured.
- g. Ensure organisational structure review is driven from business architecture to give impetus to consistent strategy and mandate implementation.
- h. Lead senior management through the development of a business architecture plan for the varying lines of business.
- Evaluate and present information that will facilitate effective and timely decisionmaking through written and oral communication materials that effectively summarize findings with recommendations.
- j. Collaborate across business segments to both find opportunities for and showcase ideas in the Innovation and emerging business pipeline.
- k. Transfer ideas to research and development and eventually to workable projects.

- I. Evaluate new technologies to determine their potential to grow the organization.
- m. Capture the tactical and strategic enterprise goals that provide traceability through the organization and are mapped to metrics that provide ongoing governance.
- n. Define the data shared across the enterprise and the relationships between those data.
- Capture the relationships among roles, capabilities and business units, the decomposition of those business units into subunits, and the internal or external management of those units.

#### 6.3.3 PERSONNEL AND RESOURCES REQUIREMENTS

# 6.3.3.1 QUALIFICATIONS & MINIMUM REQUIREMENTS (Collectively or singularly possess qualifications in the following):

- a) Bachelor's degree in any of the following fields:
  - (i) Business Administration/Management,
  - (ii) Commerce,
  - (iii) Information Technology/Computer Science,
  - (iv) Industrial/Electrical/Electronic/Chemical Engineering and or
  - (v) any other Qualification from any relevant/related field.
- Enterprise and or Business Architecture Certification
   (ZACHMAN/BA Guild/TOGAF/British Computer Society/BPM Institute/IIBA/EABOK/ISO15704/etc)
- c) 8 years business architecture experience
- d) Related master's degree advantageous

#### 6.3.3.2 DESIRED SKILLS REQUIREMENTS

- a. **Experience** with building business models.
- Knowledge of good practice BA frameworks and other applicable (e.g., BA Guild, DoDAF, TOGAF, ZACHMAN, GWEA, FEAF/FEA, BIZBOK, ArchiMate, Gartner EA Framework).
- c. Experience in modeling enterprise-wide view of a business and varying degrees of appreciation for strategy, policies (business rules), business processes, capabilities, enabling technologies, and governance.

- d. **The ability** to recognize structural issues within the organization, functional interdependencies, and cross-silo redundancies.
- e. **The ability** to apply business and or enterprise architectural principles to business challenges.
- f. The ability to assimilate and correlate disconnected documentation and models/mappings and articulate their collective relevance to the organization and to high-priority business issues.
- g. Experience using model-based representations that can be adjusted as required to collect, aggregate, or disaggregate complex and conflicting information about an organisation.
- The ability to visualize and create high-level models that can be used in future analysis to extend and mature business architecture practice.
- i. Extensive experience planning and deploying both business and IT initiatives
- j. Experience modelling business processes using a variety of tools and techniques
- k. Exceptional communication skills and the ability to communicate appropriately at all levels of the organization; this includes written and verbal communications as well as visualizations
- I. The ability to act as liaison conveying information needs of the business to IT and data constraints to the business; applies equal ability to articulate business strategy and IT strategy, business processes and workflow automation, business initiatives and IT initiatives, benefit realization and service delivery.
- m. **Team player** able to work effectively at all levels of an organization with the ability to influence others to move toward consensus
- n. **Strong situational analysis** and decision-making abilities

#### 6.4 DURATION OF CONTRACT

The Service Provider would be required to enter into a service level agreement for a period of twelve (12) months.

#### 7. PART 6 - EVALUATION PROCESS

This tender will be evaluated in accordance with the Preferential Procurement Regulations . The HPCSA will use a staged approach to evaluate the bids. The requirements of any given stage must be complied with prior to progression to the next stage. The HPCSA reserves the right to disqualify bidders without requesting any outstanding document/information.

The stages are outlined in the diagram below and further detailed in the paragraphs that follow.

| Stage 1                      | Stage 2                                  | Stage 3               | Stage 4                      |
|------------------------------|--|-----------------------|------------------------------|
| Administrative<br>Evaluation | Local Content Evaluation (if applicable) | Functional Evaluation | Price / B-BBEE<br>Evaluation |
|                              | /  | /                     |                              |

#### **6.1 Stage 1: Administrative Evaluation**

During this stage of the evaluation the bidders will be evaluated on whether or not they comply with the following:

- a. Complied with all the conditions of tender; and
- b. Submitted all mandatory documentation required.

A bidder who fails to comply with all the criteria below will be disqualified at this stage and will not be considered any further

The required mandatory administrative documentation includes the following:

| Mandatory Document  | Checklist |
|---|-----------|
| Duly completed HPCSA Service Provider declaration form <b>Annexure A</b>  |           |
| Company Registration Certificates   |           |
| If applicable; a Joint Venture agreement (certified   |           |
| A Company Profile   |           |
| Bidder's three (3) years audited financial statement or proof from the Financial Institution/ bank, not older than thirty (30) days, that the company has the financial stability to successfully execute the contract. |           |
| Proof that the bidder's tax affairs are in order with SARS (e.g. Valid Tax Clearance Certificate/ Status Pin number document)   |           |

| SBD4 – Declaration of Interest see Annexure B  |  |
|--|--|
| SBD8 – Declaration of bidders past Supply Chain Management Practices <b>Annexure C</b> |  |
| SBD9 – Declaration of Independent Bid Determination Annexure D                         |  |

#### 6.2 Stage 2: Local Content

Local Content is **not** applicable for this Tender. Hence, all bidders who qualify for the Administrative Evaluation will be evaluated on Functionality.

#### 6.3 Stage 3: Functional Evaluation

Bidders who qualified for the previous stage(s) of the Evaluation will then be evaluated in terms of the functional requirements.

#### 6.4 Stage 3A – Mandatory Functional Requirements.

A bidder will be disqualified if it does not comply with **ALL** the mandatory functional requirements. The mandatory functional requirements are outlined in the table below:

|    | requirements. The managery functional requirements are summed in the table below.   |   |                    |  |  |  |  |
|----|---|---|--------------------|--|--|--|--|
| M  | andat   | ory Criteria  | Comply<br>(YES/NO] | Proposal X-Reference<br>(NB: Provide page<br>number) |  |  |  |
| re | quire   | ss Architecture (Service Provider is<br>d to provide CVs; Proof of Certification<br>of of hands on experience): |                    |  |  |  |  |
| a. | Bach  | elor's degree in any of the following fields:   |                    |  |  |  |  |
|    | i.  | Business Administration/Management, OR  |                    |  |  |  |  |
|    | ii.   | Commerce, OR  |                    |  |  |  |  |
|    | iii.  | Information Technology/Computer Science, OR   |                    |  |  |  |  |
|    | iv.   | Industrial/Electrical/Electronic/Chemical Engineering and OR  |                    |  |  |  |  |
|    | V.  | any other Qualification from any relevant/related field.  |                    |  |  |  |  |
| b. | <ul> <li>b. Enterprise and or Business Architecture</li> <li>Certification (ZACHMAN/BA Guild/TOGAF/British</li> <li>Computer Society/BPM</li> <li>Institute/IIBA/EABOK/ISO15704/etc)</li> </ul> |   |                    |  |  |  |  |
| c. | Relat   | ed Master's Degree advantageous   |                    |  |  |  |  |

d. Minimum of Eight (8) Years Working
Experience in Business Architecture Services

#### 6.5 Stage 3B- Scoring Criteria

- a. All bidders who met all the mandatory functional requirements will now be evaluated further on functionality.
- b. A *minimum score* of **80** points out of 100 will be required to pass the Functional Evaluation stage.
- c. The HPCSA will analyse and assess functional capability and therefore the bidder should demonstrate the following:

| FUNCTIONAL EVALU  |                                   | MINIMUM               | MAX   |        |  |  |
|---|-----------------------------------|-----------------------|-------|--------|--|--|
| CRITERIA  |                                   |                       | POINT | POINTS |  |  |
| COMPANY EXPERIE   | NCE: Service Provide              | rs must provide proof |       | 50     |  |  |
| of 8 years of experi                                      | ence in providing <b>B</b> u      | isiness Architecture  |       |        |  |  |
| services (MUST be a                                       | ccompanied by signed              | contactable reference |       |        |  |  |
| letters as proof of expe                                  | erience)                          |                       |       |        |  |  |
| 3-5 years   |                                   |                       |       |        |  |  |
| 20  | 20 40 50                          |                       |       |        |  |  |
| BENCH CAPACITY: list of resources that minimum requiremer |                                   | 50                    |       |        |  |  |
| 1 Resource  | 1 Resource 2- 4 Resources Above 4 |                       |       |        |  |  |
|   |                                   |                       |       |        |  |  |
| 20  | 40                                | 50                    |       |        |  |  |
| TOTAL   |                                   | 100                   |       |        |  |  |

All bids that qualify for this stage of the evaluation process are considered acceptable bids/tenders and will then be evaluated on Price and B-BBEE.

#### 6.6 Stage 4: Price and B-BBEE

Only bidders that passed the Functional Evaluation stage will be evaluated on price and preference (B-BBEE). The 80/20 preference point system will be applicable for this tender.

the qualifying bids are evaluated in terms of 80/20 preference points systems, where 80 points must be used for price only and the 20 are used for B-BBEE as per PPPFA.

#### 6.6.1 Preference Scores

A bidder will only be awarded points for preference, provided:

The bidder has completed and signed the Preference Points Claim Form (SBD 6.1 Annexure E);

#### The bidder:

- a. Submitted a valid B-BBEE status level certificate; or
- b. Submitted an affidavit stating the B-BBEE status level in the case of an EME and QSE.
- c. A trust, consortium or joint venture will qualify for points for their B-BBEE status level as a legal entity, provided that the entity submits their B-BBEE status level certificate.
- d. A trust, consortium or joint venture will qualify for points for their B-BBEE status level as an unincorporated entity, provided that the entity submits their consolidated B-BBEE scorecard as if they were a group structure and that such B-BBEE scorecard is prepared for each and every separate bid.

B-BBEE status level of contribution in accordance with the table below:

| B-BBEE Status Level of Contributor | Number of points<br>(80/20 system)<br>For procurement, up to R50 million |
|------------------------------------|--|
| 1                                  | 20   |
| 2                                  | 18   |
| 3                                  | 14   |
| 4                                  | 12   |
| 5                                  | 8  |
| 6                                  | 6  |
| 7                                  | 4  |
| 8                                  | 2  |
| Non-compliant contributor          | 0  |

#### 80/20 PREFERENCE POINT SYSTEMS

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

#### 80/20

$$Ps = 80 \left( 1 - \frac{Pt - P\min}{P\min} \right)$$

#### Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

| 8. | PART - 7 HPCSA CONTRACT Template (Attached separately) |
|----|--|
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## SERVICE PROVIDER DECLARATION FORM

#### **Health Professions Council of South Africa**

This form must be completed and submitted with TENDER:

Health Professions Council of South Africa P O Box 205 PRETORIA 0001

553 Madiba (previously known as Vermeulen) Street Arcadia PRETORIA 0007

Please complete the form fully and use a black pen. Illegible or incomplete forms will be rejected.

**Direct enquiries to Procurement Officer** 

Email: Tenders@hpcsa.co.za

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL Where applicable under mentioned documents must be attached with tenders

#### Please tick box

|  | Υ | N | NA |
|--|---|---|----|
| Valid B-BBEE status level certificate issued by a SANAS accredited B-BBEE agency/Affidavit                           |   |   |    |
| Company registration document (certified)  |   |   |    |
| Proof of ownership/ shareholder certificate (certified)  |   |   |    |
| If applicable; a Joint Venture agreement (certified)   |   |   |    |
| Proof that the bidder's tax affairs are in order with SARS (e.g. Valid Tax Clearance Certificate/ Status Pin number) |   |   |    |
| Proof of banking document  |   |   |    |
| Comprehensive company profile  |   |   |    |
| Duly signed HPCSA Service Provider declaration form  |   |   |    |
| A copy of your audited financial statements  |   |   |    |
| SBD4 – Declaration of Interest   |   |   |    |
| SBD8 - Declaration of bidders past Supply Chain Management practices   |   |   |    |
| SBD9 – Declaration of Independent Bid Determination  |   |   |    |

# BUSINESS PARTICULARS Name of Business Physical address City Province

| Pos  | tal a                                     | addr | ess  | (if n | ot s | ame | as | abo | ve) |   |   |  |  |  |   |   |   |   |   |
|------|---|------|------|-------|------|-----|----|-----|-----|---|---|--|--|--|---|---|---|---|---|
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| City | <u> </u>                                  |      | _    |       | _    | _   | _  |     |     | _ | _ |  |  |  | 1 | 1 | 1 | 1 | 1 |
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| Pro  | vinc                                      | e:e  |      |       |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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| Tele | epho                                      | one  |      |       |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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| Fax  | no  |      |      |       |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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| Cell | l no                                      |      |      |       |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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| Ema  | ail a                                     | ddre | ess  |       |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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| Wel  | b pa                                      | ge a | ıddr | ess   |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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|      | Contact person for correspondence address |      |      |       |      |     |    |     |     |   |   |  |  |  |   |   |   |   |   |
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# SALES AND ACCOUNTS DEPARTMENTS Sales Department

| Cor  | ontact name |    |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
|------|-------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
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| Fax  |             |    |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
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| Em   | ail address |    |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
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| Cel  | no          |    |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
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#### FINANCIAL DETAILS (BANKING)

#### **Accounts Department**

| Bar | ıkinç | g ins | stitu | tion  | nan | ne |  |  |   |  |  |  |   |     |  |
|-----|-------|-------|-------|-------|-----|----|--|--|---|--|--|--|---|-----|--|
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| Bra | nch   |       |       |       |     |    |  |  |   |  |  |  |   |     |  |
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| Tov | vn/C  | ity   |       |       |     |    |  |  |   |  |  |  |   |     |  |
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| Bar | nking | g ac  | cou   | nt nı | umb | er |  |  |   |  |  |  |   |     |  |
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| Acc | oun   | t ty  | Эе    |       |     |    |  |  |   |  |  |  |   |     |  |
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| Acc | oun   | t ho  | lder  | 's n  | ame |    |  |  |   |  |  |  |   |     |  |
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NB: Documentary proof of banking institution must be supplied confirming banking details, including either an:

- original cancelled cheque; or
- Original stamped letter from Bank.

#### **HDI INFORMATION**

Explanation of abbreviations used in the following tables:

| Capacity |   | HDI status |   |
|----------|---|------------|---|
| Director | D | HDI        | Н |
| Partner  | Р | Women      | W |
| Member   | М | Disabled   | D |
| Priority | R |            |   |
| Other    | 0 |            |   |

Proof of disability provided by a recognized institution in the case of handicapped persons must be supplied.

#### NB: certified copy of shareholder certificates or proof of ownership must be supplied

Complete the following for the shareholders who are actively involved in the management and daily business operation of the business.

| Firs     | First name           |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
|----------|----------------------|-----|------|---|---|--|--|--|--|--|--|--|--|---|--|--|--|--|
|          |                      |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| <u>-</u> |                      |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Sur      | nam                  | е   |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
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| lder     | dentification number |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
|          |                      |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
|          |                      |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Сар      | acit                 | y   |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
| D        | Р                    | N   | Л    | R | 0 |  |  |  |  |  |  |  |  |   |  |  |  |  |
| М        | F                    | = ( | sex) | ) |   |  |  |  |  |  |  |  |  |   |  |  |  |  |
|          |                      |     |      |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |

#### **HDI status**

| Н | W | D |
|---|---|---|
|   |   |   |

Disabled (permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered in a manner considered normal for a human being).

| Are you active please provic | ely involv<br>le a writto | ved in then the second term of t | ne ma<br>kdowr | anag<br>n e.g. | emei<br>com | nt an | d da<br>, pro | ily b<br>file). | usin     | ess (    | opera | ation | s of | the | busir | nes |
|------------------------------|---------------------------|--|----------------|----------------|-------------|-------|---------------|-----------------|----------|----------|-------|-------|------|-----|-------|-----|
| First name                   |                           | T  |                | 1              | 1           |       | I             | 1               | 1        | 1        | 1     | I     | l    |     |       | 7   |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| Surname                      |                           |  |                |                |             |       |               | <u> </u>        | <u> </u> | <u> </u> | 1     |       |      |     |       | 7   |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| dentification                | numbe                     | r  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              | l                         |  | <u> </u>       | 1              | 1           |       | l             |                 |          |          | ı     | I     | I    |     |       |     |
| Capacity                     |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| D P M                        | R O                       |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| <u>/</u> F (                 | (sex)                     |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| IDI status                   |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| H W D                        |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| 1                            |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| irst name                    | ı                         |  |                |                | 1           |       | ı             | 1               | 1        | 1        | 1     | ı     | 1    | 1   | 1     | 7   |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| Surname                      |                           |  |                |                |             |       |               | 1               | 1        | 1        |       |       |      |     |       | 7   |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| dentification                | numbo                     | •  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              | Tiullibe                  | <u> </u>   |                |                |             |       |               |                 |          |          |       |       |      |     |       | 7   |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       | J   |
| Capacity                     |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              | R O                       | ]  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           | J  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| /I F (sex                    | <b>x</b> )                |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
|                              |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |
| IDI status                   |                           |  |                |                |             |       |               |                 |          |          |       |       |      |     |       |     |

| Ι | W | D |
|---|---|---|
|   |   |   |

#### **CONTACTABLE REFERENCES**

Please supply a list containing the names, telephone numbers and client relationship of a minimum of three contactable references

| Cor  | ntact | per   | son  | 1    |   |   |   |   |   |   |   |   |  |  |  |  |  |
|------|-------|-------|------|------|---|---|---|---|---|---|---|---|--|--|--|--|--|
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| Cor  | ntact | nur   | nbe  | r 1  |   |   |   |   |   |   |   |   |  |  |  |  |  |
|      |       |       |      |      |   |   |   |   |   |   |   |   |  |  |  |  |  |
| Clie | ent R | elat  | ions | ship | 1 |   |   |   |   |   |   |   |  |  |  |  |  |
|      |       |       |      |      |   |   |   |   |   |   |   |   |  |  |  |  |  |
| Cor  | ntact | per   | son  | 2    |   |   |   |   |   |   |   |   |  |  |  |  |  |
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| Clie | nt R  | Relat | ions | ship | 2 | Г | Г | Г | I | Г | ı | Г |  |  |  |  |  |
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| Cor  | ntact | per   | son  | 3    |   |   |   |   |   |   |   |   |  |  |  |  |  |
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|      |       |       |      |      |   |   |   |   |   |   |   |   |  |  |  |  |  |

#### PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience?

| Yes | No |
|-----|----|
|     |    |

If yes, please complete the table below. List the last two contracts awarded to you or previous experience with other businesses related to this of work or supply

| Em             | ploy  | er/ [    | Эера | artm  | ent   |  |      |      |            |  |   |    |      |  |  |   |   |   |      |          |          |          |
|----------------|-------|----------|------|-------|-------|--|------|------|------------|--|---|----|------|--|--|---|---|---|------|----------|----------|----------|
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| Cor            | ntact | per      | son  | 1     |       |  |      |      |            |  |   |    |      |  |  |   |   |   |      |          |          |          |
|                |       |          |      |       |       |  |      |      |            | <u> </u>   |   |    |      |  |  |   |   |   |      |          | <u> </u> |          |
|                |       |          |      |       |       |  |      |      |            |  |   |    |      |  |  |   |   |   |      | <u> </u> |          |          |
| Cor            | tact  | nuı      | mbe  | r     |       | <u>.                                    </u> |      |      |            |  |   | _  |      |  |  |   |   |   |      |          |          |          |
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|                |       |          |      |       |       |  |      |      |            |  |   |    |      |  |  |   |   |   |      |          |          |          |
|                | r aw  |          |      | ract  | valu  | ie in  | ran  | ds   |            |  |   |    |      |  |  |   |   |   |      |          |          |          |
| Pro            | of d  | ocu      | men  | ts at | ttacl | hed  |      |      |            |  |   |    |      |  |  |   |   |   |      |          |          |          |
| Ye             | S     | NC       | )    |       |       |  |      |      |            |  |   |    |      |  |  |   |   |   |      |          |          |          |
| Did your name? |       | ır<br>—— |      | bı    | usin  | ess<br>——                                    |      |      | exis       | st   |   | ur | nder |  |  | a |   |   | prev | /ious    |          |          |
| If ye          | es, w | vhat     | nan  | ne d  | id it | trac   | le u | nder | r <b>?</b> | <del>                                     </del> | , | ı  | ı    |  |  | ı | ı | ı | ı    | 1        | 1        | <u> </u> |
|                |       |          |      |       |       |  |      |      |            |  |   |    |      |  |  |   |   |   |      |          |          |          |

Previous business registration number

| Cer  | tific           | atior         | n of c         | orre   | ctne   | ss o   | f inf  | orma  | ation   | sup   | plie   | d in  | this     | doc   | ume  | nt   |      |        |               |      |
|--|-----------------|---------------|----------------|--------|--------|--------|--------|-------|---------|-------|--------|-------|----------|-------|------|------|------|--------|---------------|------|
|  | 1. <sup>-</sup> | Tha i         | nform          | natio  | o cur  | ndio   | d ic / | orro  | ot.     |       |        |       |          |       |      |      |      |        |               |      |
|  |                 |               |                |        | •      | •      |        |       |         | attac | hed.   |       |          |       |      |      |      |        |               |      |
| All copies of relevant information are attached. |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| Personal information in block letters            |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| Nan  | ne              |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
|  |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
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| Sur  | nam             | ne            |                |        | 1      | 1      | 1      | 1     |         | 1     | 1      |       |          |       |      |      |      |        |               |      |
|  |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| Tel:   | . m.k.          | <b>.</b>      |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| reie   | pho             | one<br>       |                |        |        |        |        |       |         |       |        |       | 1        |       |      |      |      | $\neg$ | $\overline{}$ |      |
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| Cap  | acit            | v             |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| <u> </u>   |                 | Ť             |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
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| On   | beh             | alf o         | f the          | (Ser   | vice   | Pro    | vide   | r's N | ame     | )     |        |       |          | _     |      | ı    |      |        |               | ı    |
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|  |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
|  |                 |               | sworr<br>nent, |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| of th  | nis A           | \ffida        | vit, th        | nat it | is tru | ue ai  | nd co  | orrec | t to tl | he b  | est o  | f his | /he      | r kno | wled | dge  | and  | that   | he            | /she |
|  |                 | ction<br>nce. | to tal         | king   | the p  | resc   | ribe   | d oat | h, an   | d tha | at the | pre   | scrik    | ed o  | oath | will | be b | indi   | ng o          | n hi |
| COH  | SCIE            | nce.          |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
|  |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      | _    |        |               |      |
| Sig  | natu            | ıre: /        | Appli          | cant   | on b   | oeha   | If of  | Serv  | vice    | Prov  | ider   |       |          |       |      |      |      |        |               |      |
|  |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
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| Sig  | natu            | ıre: (        | Comr           | niss   | ione   | r of   | Oath   |       |         |       |        |       |          |       |      |      | _    |        |               |      |
| -  |                 |               |                |        |        |        |        |       |         |       |        |       |          |       |      |      |      |        |               |      |
| Con  | nmis            | sion          | er of          | Oath   | Offi   | cial S | Stam   | ıρ    |         |       |        |       |          |       |      |      |      |        |               |      |

# Please complete in block letters Company name/Surname **Company Account Holder Address** Telephone Fax Mobile **Email Bank Branch Bank Account**

Authorization for electronic transfer of funds (EFT)

| Branch number |  |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
|---------------|--|-------|-------|--------------|------|-------|-------|-------|------|---|----|------|------|-----|--|--|--|--|--|--|--|
|               |  |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
| _             |  |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
| Type o        | of Ac  | cour  | it    |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
| Cheque Savin  |  | gs    |       | Transmission |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
|               |  |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
|               |  |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
| Date          |  |       |       |              |      |       | S     | igna  | ture | ) |    |      |      |     |  |  |  |  |  |  |  |
| For us        | For use of bank (in cases where a cancelled cheque or bank letter is not attached) |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
| Above         | inforr   | matic | n ch  | nock         | od a | nd c  | confi | rmo   | ٦٦   |   |    |      |      |     |  |  |  |  |  |  |  |
| ADOVE         | 1111011  | nauc  | лт Сі | ICCK         | eu a | iiu c | JOHN  | 11116 | u    |   | Ва | nk S | Stam | ıp: |  |  |  |  |  |  |  |
|               |  |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |
| Signat        | Signature:   |       |       |              |      |       |       |       |      |   |    |      |      |     |  |  |  |  |  |  |  |

#### **SERVICE PROVIDER QUESTIONNAIRE**

In assessing the company's tender, the HPCSA tender committee will consider the information provided as outlined in all the sections of this tender document.

| ANNEXURE B. SERVICES |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|
| 1.                   | Where are your offices located?  |  |  |  |  |  |  |  |  |  |
| 2.                   | Number of years in business?   |  |  |  |  |  |  |  |  |  |
| 3.                   | Are you involved in any community development programmes – if yes, please give details   |  |  |  |  |  |  |  |  |  |
| 4.                   | Are you prepared to negotiate on price?  |  |  |  |  |  |  |  |  |  |
| 5.                   | Do you accept payment via EFT?   |  |  |  |  |  |  |  |  |  |
| 6.                   | Acceptance of the practise that the HPCSA will pay within an agreed time frame (30 Days term) as per the agreed price with the successful bidder upon receipt of a valid tax invoice |  |  |  |  |  |  |  |  |  |

| QUESTIONNAIRE COMPLETED BY: |                 |
|-----------------------------|-----------------|
|                             |                 |
| NAME:                       |                 |
|                             | _ COMPANY STAMP |
| SIGNATURE:                  |                 |
| DATE:                       | -               |

# ANNEXURE B SBD 4 (Attached separately)

#### **ANNEXURE C SBD 8**

(Attached separately)

# ANNEXURE D SBD 9 (Attached separately)

# ANNEXURE E SBD 6.1 (Attached separately)