QUOTATIONS ARE HEREBY REQUESTED IN ACCORDANCE WITH THE SCM REGULATIONS SECTION 18 OF THE LOCAL GOVERNMENT MUNICIPAL FINANCE MANAGEMENT ACT 56 OF 2003, FOR THE PURCHASE OF ITEM/S THAT COULD BE ABOVE R30 000.00.

<table>
<thead>
<tr>
<th>ADVERTISEMENT DATE</th>
<th>14 September 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT</td>
<td>SHEQ</td>
</tr>
<tr>
<td>RFQ NUMBER</td>
<td>JCP/RFQ/SHEQ003/2011</td>
</tr>
<tr>
<td>RFQ VALIDITY PERIOD</td>
<td>30 DAYS (COMMENCING FROM THE RFQ CLOSING DATE)</td>
</tr>
<tr>
<td>DESCRIPTION OF GOODS/SERVICES</td>
<td>First Aid Kits</td>
</tr>
<tr>
<td>DOCUMENTS ARE OBTAINABLE AT NO COST FROM:</td>
<td>The JCP’s website- <a href="http://www.jhbcityparks.com">www.jhbcityparks.com</a> Or City Parks House OR 12 Glencoe Road 40 De Korte Street Springfield Braamfontein</td>
</tr>
<tr>
<td>SUBMISSION OF QUOTES</td>
<td>Quotation Box, 12 Glencoe Road, Springfield. City Parks does not take responsibility for any quotations submitted in the wrong box.</td>
</tr>
<tr>
<td>CLOSING DATE &amp; TIME</td>
<td>20 September 2011 @11am</td>
</tr>
<tr>
<td>SITE MEETING</td>
<td>N/A</td>
</tr>
<tr>
<td>ENQUIRIES</td>
<td>Name: Peter Hilton @ 011 683 8231 <a href="mailto:philton@jhbcityparks.com">philton@jhbcityparks.com</a> (Technical inquiries)</td>
</tr>
</tbody>
</table>

Service Provider/s that are currently not on JCP’s accredited or preferred database can obtain application form from our website. For more information on Tenders and Quotations visit our website [www.jhbcityparks.com](http://www.jhbcityparks.com)

QUOTATIONS MUST BE SUBMITTED IN SEALED ENVELOPES CLEARLY MARKED WITH THE RFQ NUMBER.

The following information must be submitted with the quotation:

1. SABS approved products

Evaluation Criteria: 80/20 Preference point system as presented in the preferential procurement policy framework Act no 5 of 2000, for this purpose MBD 4 forms should be scrutinized ,completed and submitted together with your quotation. Failure in submitting these documents will result in a quotation being disqualified:
REQUEST FOR QUOTATION- SCOPE OF WORK

Company Registered Name: ________________________________

Company registration no: ____________________        VAT Reg. No: __________________

Tax Reg. No: ____________________                  CIDB No (If Applicable): ____________________

% Equity Held By BEE:             _______         % Equity By Women: ______

% Equity By Disabled Persons: _______         % Equity By Youth: ______

Evaluation criteria: Preferential Procurement Policy Framework Act (PPPFA) 80/20 points

Price = 80 points: ......              BEE = 14 points: ...... Women = 3 points: ......

Disabled Person= 3 points: ...... Youth = 0 points: ...... Total points scored =......

Delivery Address: ______________________________________________________________

Conditions:

1. Accepted RFQ’s will be communicated by way of an official order. Accordingly, no goods, work or service must be prepared or delivered before an official order is received by the respondent

2. All prices quoted must be firm and be inclusive of Value Added Tax (VAT).

3. The lowest, or any, offer will not necessarily be accepted and Johannesburg City Parks reserves the right to accept any offer either in whole or in part.

4. No offer shall be considered unless it has been signed and accompanied by sufficient information to show whether or not the goods offered comply with the specifications.

5. The offer herein shall remain binding and open for acceptance by Johannesburg City Parks during the validity period indicated and calculated from the closing time of the RFQ.

NAME: __________________________________                             SIGNATURE: ____________________

CAPACITY: _______________________________                             DATE: _________________________
### SPECIFICATIONS

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>QTY</th>
<th>PRODUCT DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Wound cleaner/antiseptic (100 ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>Swabs for cleaning wounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>Wool for padding (100 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>Sterile gauze (minimum quantity 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>Pair forceps (for splinters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>Pair scissors (minimum size 100 mm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>Set safety pins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>Triangular bandages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>4 roller bandages (75 mm x 5 m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>4 roller bandages (100 mm x 5 m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>1 roll elastic adhesive (25 mm x 3 m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1 Non-allergic adhesive strip (25 mm x 3 m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>Packet adhesive dressing strips (10 assorted sizes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>4</td>
<td>4 First aid dressings (75 mm x 100 mm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>4</td>
<td>4 First aid dressings (150 mm x 200 mm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>2 straight splints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>2</td>
<td>2 Pairs large and medium disposable latex gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>2 CPR mouth pieces or similar devices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- Equipment must be inspected monthly.
- Equipment used must be reported and replaced without delay.
- The first aid treatment sheet must be completed whenever equipment is used.
MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state.*

2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name: …………………………………………………………………………

3.2 Identity Number: …………………………………………………………………

3.3 Company Registration Number: …………………………………………………

3.4 Tax Reference Number: …………………………………………………………

3.5 VAT Registration Number: ………………………………………………………

3.6 Are you presently in the service of the state* YES / NO

3.6.1 If so, furnish particulars.

………………………………………………………………
………………………………………………………………

* MSCM Regulations: “in the service of the state” means to be –
(a) a member of –
   (i) any municipal council;
   (ii) any provincial legislature; or
   (iii) the national Assembly or the national Council of provinces;
(b) a member of the board of directors of any municipal entity;
(c) an official of any municipality or municipal entity;
(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
(e) a member of the accounting authority of any national or provincial public entity; or
(f) an employee of Parliament or a provincial legislature.
3.7 Have you been in the service of the state for the past twelve months?  

YES / NO

3.7.1 If so, furnish particulars.

........................................................................................................................................

........................................................................................................................................

3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?  

YES / NO

3.8.1 If so, furnish particulars.

........................................................................................................................................

........................................................................................................................................

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?  

3.9.1 If so, furnish particulars

........................................................................................................................................

........................................................................................................................................
3.10 Are any of the company’s directors, managers, principle shareholders or stakeholders in service of the state? YES / NO

3.10.1 If so, furnish particulars.

............................................................

............................................................

3.11 Are any spouse, child or parent of the company’s directors, managers, principle shareholders or stakeholders in service of the state? YES / NO

3.11.1 If so, furnish particulars.

............................................................

............................................................

CERTIFICATION

I, THE UNDERSIGNED (NAME) ..............................................................

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

............................................................  ............................................................

Signature                 Date

............................................................  ............................................................

Position                 Name of Bidder