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>15 June 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT</td>
<td>Marketing SLU</td>
</tr>
<tr>
<td>RFQ NUMBER</td>
<td>JCP/RFQ/MKT007/2011</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>Security Alarm Armed Response X 52</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></td>
</tr>
<tr>
<td></td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>City Parks House</td>
</tr>
<tr>
<td></td>
<td>40 De Korte Street</td>
</tr>
<tr>
<td></td>
<td>Braamfontein</td>
</tr>
<tr>
<td></td>
<td>JHB 2000</td>
</tr>
<tr>
<td>SUBMISSION OF QUOTES</td>
<td>Quotation Box, Ground Floor, Head Office. City Parks does not take responsibility for any quotations submitted to the wrong box.</td>
</tr>
<tr>
<td>CLOSING DATE &amp; TIME</td>
<td>21 June 2011 @ 11:00am</td>
</tr>
<tr>
<td>SITE MEETING</td>
<td>N/A</td>
</tr>
<tr>
<td>ENQUIRIES</td>
<td>Name: Jackson Mhlanga @ 076 833 3329</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

QUOTATIONS MUST BE SUBMITTED IN SEALED ENVELOPES CLEARLY MARKED “RFQ FOR ....”

The following information must be submitted with the quotation:

1. Valid SARS Tax Certificate
2. Valid PSIRA Registration Certificate
3. BEE Verification Certificate
4. Signed and completed Request for Quotation (this very form)

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:

________________________ _______________________________
D. Hlatshwayo Senior/Regional/General Manager
SCM Manager
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 = 5 points: ...... Women = 10 points: ......

Disabled Person= 3 points: ...... Youth = 2 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

1. **Armed Response Fees X 52 Alarm Systems in 26 Sites:**
   - Must be able to respond under 5 minutes upon alarm activation
   - Must install Radio Transmitter within 10 working days between 8am & 3pm
   - Must have control rooms in Johannesburg Geographical Area
   - Must respond to alarm activation without calling contact person Monday to Friday between 5pm to 7am & all day weekends
   - Only call contact persons if they is a break-in or incident on particular site

2. **Alarm Maintenance - Installations:**
   - Must be able to assess a faulty alarm 24 hours upon request
   - Must be able to fix faulty alarm system with 24 hours(2 working days) upon getting authorisation from Johannesburg City Parks’ Responsible Officer
   - Must be able to conduct an “Alarm Risk Assessment per Site with the 1st month of the contract and bi-annually thereafter

3. **Must Quote on the following:**
   - Annual Armed Response Fees per site for 52 Alarms
   - Annual radio communication fee for 52 Alarms
   - Once off installation fee for installing “Radio Transmitters
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
(£) 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?  
   YES / NO

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