

Address all correspondence to:  
The Municipal Manager  
Kopanong Local Municipality  
P O Box 23  
TROMPSBURG  
9913  
E-Mail:  
[neels@kopanong.gov.za](mailto:neels@kopanong.gov.za)  
Website: [www.kopanong.gov.za](http://www.kopanong.gov.za)



Tel:051-7139200  
Fax: 051-7130060

## INVITATION TO BID

YOU ARE HERBY INVITED TO BID FOR REQUIREMENTS OF THE KOPANONG LOCAL MUNISIPALITY

BID NUMBER: ..... CLOSING DATE: ..... CLOSING TIME: .....

DESCRIPTION .....

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**The successful bidder will be required to fill in and sign a written Contract Form (MBD 7).**

BID DOCUMENTS MAY BE POSTED TO:

KOPANONG LOCAL MINICIPALITY  
PO BOX 23  
TROMPSBURG  
9913

OR

DEPOSITED IN THE KOPANONG BID BOX SITUATED AT:

20 LOUW STREET  
XHARIEP DISTRICT BUILDING  
TROMPSBURG  
9913

**Bidders should ensure that bids are delivered timorously to the correct address. If the bids are late, it will not be accepted for consideration.**

The bid box is generally open from 8:00-16:30 every day from Monday to Friday.

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

**THIS BID IS SUBJECT TO THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT**

THIS BID WILL BE EVALUATED AND ADJUDICATED ACCORING TO THE FOLLOWING CRITERIA:

1. Relevant specifications
2. Value for money
3. Capability to execute the contract
4. PPPFA & associated regulations

**NB: NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE (see definitions on MBD attached)**

**THE FOLLOWING PARTICULARS MUST BE FURNISHED  
(FAILURE TO DO SO MAY RESULT IN YOUR BID BEING DISQUALIFIED)**

NAME OF BIDDER .....

POSTAL ADDRESS .....

STREET ADDRESS .....

TELEPHONE NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER .....

FACSIMILE NUMBER CODE.....NUMBER.....

VAT REGISTRATION NUMBER .....

HAS AN ORIGINAL TAX CLEARANCE CERTIFICATE BEEN ATTACHED ( MBD2)? YES/NO

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE YES/NO  
GOODS/SERVICES OFFERED BY YOU (IF YES ENCLOSE PROOF)

SIGNATURE OF BIDDER .....

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

TOTAL BID PRICE ..... TOTAL NUMBER OF ITEMS OFFERED .....

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**ANY ENQUIRIES REGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:**

Municipality : **KOPANONG LOCAL MUNICIPALITY**

Department : **FINANCE BUDGET OFFICE**

Contact Person : **MR. CP EKSTEEN**

Telephone number : **051 – 713 9244**

Fax number : **051 – 713 0060**

**ANY REQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:**

Contact Person : .....

Telephone number : .....

Fax number : .....