



human settlements

Department:
Human Settlements
PROVINCE OF KWAZULU-NATAL

EXPRESSION OF INTEREST: CONTRACTORS WITH A CIDB GRADING OF 1 to 4 GB AND/OR CE TO PARTICIPATE IN THE SIYAKHA DEVELOPMENT PROGRAMME BY THE KZN DEPT. OF HUMAN SETTLEMENTS WHICH IS AIMED AT THE EMPOWERMENT OF BUSINESSES OF DESIGNATED GROUPS IN KWAZULU NATAL

The KwaZulu Natal Department of Human Settlements hereby invites suitably qualified service providers with the above CIDB grading to be appointed as a panel of service providers of designated groups for the purposes of sub-contracting and implementation of the Siyakha Incubation Programme for a period of three (3) years.

Expression of Interest No.: EOI 01/2019/20HSE

Compulsory Briefing Session Date and Time: Refer to the briefing session schedule on www.etenders.gov.za and www.kzndhs.gov.za

Compulsory Briefing Session Venue : Refer to the briefing session schedule on www.etenders.gov.za and www.kzndhs.gov.za

Closing Date and Time: 10 December 2019 at 11:00

Documents available: www.etenders.gov.za and www.kzndhs.gov.za

Documents to be deposited: Box 16 (12th floor, Department of Human Settlements, Eagle Building, 353 – 363 Dr Pixely kaSeme Street (former West Street), Durban)

Technical Enquiries: Mr M. Nhlozi - 033 392 6470

SCM Enquiries: Mr S. Mthembu – 031 336 5169 / Ms R. Gaffoor – 031 336 5142 / Ms K. Mthembu – 031 336 5166 / Mr S. Biyase – 031 336 5165 / Mr J. Mnqondo 031 336 5164

Service providers are required to complete the form marked “Contractor Registration Form” attached herewith and submit the following documentation with their application:-

CIDB GRADE 1 ADMISSION REQUIREMENTS

The following documents **MUST** be attached to your application:-

- Provide proof of Tax Compliance Status/Tax Pin
- Proof of valid registration with CIDB (1 GB and/or CE PE)
- Proof of valid registration with NHBRC
- Proof of registration with Central Suppliers Database (CSD)
- Proof of Business Address (Electricity Bill/letter from Ward Councilor – Not older than 3 months)
- Proof of Disability (where applicable)
- Proof of Military Force number/Proof of registration (where applicable)
- Letter of Authorized signatory

CIDB GRADE 2 – 4 ADMISSION REQUIREMENTS

The following documents **MUST** be attached to your application:-

- Provide proof of Tax Compliance Status/Tax Pin
- Proof of valid registration with CIDB (2 to 4 GB and/or CE PE)
- Proof of valid registration with NHBRC
- Proof of registration with Central Suppliers Database (CSD)
- Proof of Business Address (Electricity Bill/letter from Ward Councilor – Not older than 3 months)
- Proof of Disability (where applicable)
- Proof of Military Force number/Proof of registration (where applicable)
- List of completed projects
- Letter of Authorized Signatory

FAILURE TO SUBMIT THE ABOVE DOCUMENTATION WILL INVALIDATE YOUR APPLICATION.



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Compulsory briefing
session stamp:

SIYAKHA DEVELOPMENT PROGRAMME

CONTRACTOR REGISTRATION FORM

Expression of Interest No. EOI 01/2019/20HSE	KZN Department of Human Settlements Private Bag X54367 Durban 4000
Closing Date: 10 December 2019 Time:11:00	Documents to be deposited:- Eagle Building, 353-363 Dr Pixley KaSeme Street, Durban, 4001 12 th Floor - Box No. 16

Company Legal Name					
Company Trade Name					
Sole Proprietor		Partnership		Close Corporation	
Partnership		Company		Other	
Company/Close Corporation Number:					
Central Supplier No. (CSD):					
VAT No.					
Income Tax No.					
Telephone No.					
Cellphone No.(s)					
Fax No.					
E-Mail Address					
Web Address					
CIDB GRADING		CRS NUMBER		NHBRC NO .	
Physical Address					
Postal Address					
PROVIDE ANY 2 PROOF OF ADDRESS					

OWNERSHIP DETAILS							
Name and Surname							
Identity No.							
Male		Female		Disabled		Youth	
If Disabled – Briefly Describe Disability:-							
Name and Surname							
Identity No.							
Male		Female		Disabled		Youth	
If Disabled – Briefly Describe Disability:-							
Name and Surname							
Identity No.							
Male		Female		Disabled		Youth	
If Disabled – Briefly Describe Disability:-							
COMPANY STRUCTURE							
No. of Permanent Staff				No. of Temporary Staff			
Remarks – Please include any additional information/Comments							
PREVIOUS CONTRACTS							
Company	Service			Period	amount		
Name of Authorized Signatory <u>Attach resolution Letter</u>				Signature			
Designation				Date			

The Department reserves the right to reject any application if it is found that that service provider has provided false or incorrect information in order to influence the said process.