

REQUEST FOR PROPOSAL FOR THE PROVISION OF HOSPITAL BENEFIT MANAGEMENT

NUMBER:	RFP 009/09/2023
DESCRIPTION OF BID:	Hospital Benefit Management
CLOSING DATE:	20 October 2023
CLOSING TIME:	12:00 PM - No late bids will be accepted
BRIEFING SESSION:	29 September 2023 AT 10AM (VIRTUAL)
DOCUMENT DELIVERY ADDRESS:	Medshield Medical Scheme 7 th Floor 192 Bram Fischer (entrance on Sneddon Road) Ferndale Randburg 2194
FOR ATTENTION:	Mrs. Nawaal Ballim

NB: Bidders must ensure that they sign the register when submitting the bids.

No faxed or emailed bids will be considered.

1. GLOSSARY

ARM	Alternative Reimbursement Model
Award	Conclusion of the procurement process and final notification to this effect to the successful Bidder which is only final once acceptance and signing of contract by both parties is concluded
Consortium or Joint Venture	Means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill, and knowledge in an activity for the execution of a contract
Contracting entity	The main party of the bidder (legal entity) with whom Medshield will conclude a formal contract after the final award of the contract based on this Request for Proposal
CPAP	Continuous Positive Airway Pressure
DSP	Designated Service Provider
EME	Exempted Micro Enterprise in terms of the Codes of Good Practice
ETL	Extraction, Translation and Loading
FFS	Fee for Service
Functionality	The ability of a Bidder to provide goods or services in accordance with specifications as set out in the tender documents
MCO	Managed Healthcare Organization
Original bid	An original document, or a copy of an original document, provided such document is signed in original ink by the person duly authorised to commit the bidder
QSE	Qualifying small enterprise in terms of the codes of good practice
RFP	Request for Proposal
SANAS and DTI	Refers to the South African National Accreditation System and the Department of Trade and Industry respectively
SCMP	Supply Chain Management Policy
SOP	Standard Operating Procedure
Successful Bidder	A final award will only be made after the conclusion of the procurement process, final notification of the award, acceptance, and the signing of a contract by both parties

2. INTRODUCTION

Medshield Medical Scheme (Medshield) seeks to appoint a duly accredited managed healthcare organization (“MCO”), with demonstrable experience and expertise in one or more of the areas specified in *section 4* of this RFP. The MCO must be able provide managed healthcare services (“the Services”) to manage key service areas within Hospital Benefit Management.

Medshield has been in operation since 1968 with a rich history of meeting its healthcare funding obligations. The Scheme has approximately 70 000 principal members and approximately 130 000 beneficiaries. The Scheme has 11 benefit options and a solvency ratio far exceeding the statutory minimum of 25%. For more information about the Scheme please access www.medshield.co.za.

3. INSTRUCTIONS THAT BIDDERS SHOULD TAKE NOTE OF

- 3.1 All Bidders are to take note of the implications of contravening the Prevention and Combating of Corrupt Activities Act No 12 of 2004 and any other applicable Acts.
- 3.2 A briefing session will be held on the **29th of September 2023 at 10AM**. The session will be virtual. Please note that the request for the link to join the briefing session should be requested via an email to procurement@medshield.co.za **before 12PM on the 28th of September 2023**.
- 3.3 One (1) original, plus two (2) hard copies of the bid must be submitted, and Bidders are reminded that they must sign the bid register when submitting the bids.
- 3.4 Bid price models must be supplied along with the rest of the bid proposals, but in a separate sealed envelope. In this case, *section 3.3* will be applicable, therefore provide one (1) original and two (2) hard copies of the pricing model.
- 3.5 Bidders must ensure that their contact details are clearly indicated.
- 3.6 The original bid must be signed. No emailed/faxed bid submissions will be accepted.
- 3.7 Bids received late will not be considered. A bid will be late if it arrives even one second after the specified closing time. Bids received late will be returned to the Bidder upon request.
- 3.8 The Bidders can assist in the evaluation process by ensuring that they cross-reference their response to the requirements within the bid.

4. OBJECTIVES AND SERVICES TO BE PROVIDED - BASIS FOR SERVICE LEVEL AGREEMENT

Medshield seeks to appoint a duly accredited managed healthcare organization (“MCO”) with demonstrable experience and expertise in one or more of the following areas, to provide managed healthcare services (“the Services”) to manage key service areas within Hospital Benefit Management.

The key areas identified within Hospital Benefit Management are the following:

- 4.1 Hospital Benefit Management and management of the related discipline authorisation and expenditure (example specialists, auxiliary services etc.);
 - 4.1.1 Pre-Authorization;
 - 4.1.2 Concurrent Review;
 - 4.1.3 General Case Management;
 - 4.1.4 Discharge Planning;
 - 4.1.5 Clinical Audit and Retrospective Review;
 - 4.1.6 Medical Advisory Services integrated into the Hospital Benefit Management Service;

- 4.1.7 Specialized Managed Programs (as detailed in *section 4.2*);
 - 4.1.8 Quality Management Programs;
 - 4.1.9 Verification of Eligibility;
 - 4.1.10 Reporting as required by Medshield;
 - 4.1.11 Continuing of Effective Resources within the entity supplying the Services;
 - 4.1.12 Investigation and Confirmation of non-disclosure of pre-existing sickness conditions and ensuring non-payment by the Service Provider and ultimately the Scheme;
 - 4.1.13 Claims Management;
 - 4.1.14 Forensics - the successful bidder should be able to work with scheme's Forensic partner where required;
 - 4.1.15 Query Management (of all the above services);
 - 4.1.16 Protocol review & hospicom, frequently updated SOP and medical review team (Hospicom); and
 - 4.1.17 Quotation process when required and should not be limited to the use of non-DSP facilities only.
- 4.2** Specialised Management Programmes (integrating with existing Scheme providers where applicable):
- 4.2.1 Oncology (Medical, Radiotherapy and management of related costs);
 - 4.2.2 In-Hospital Dentistry;
 - 4.2.3 In Hospital Psychiatry;
 - 4.2.4 In Hospital HIV/Aids;
 - 4.2.5 Renal Care (End stage Renal Failure-Dialysis (including pre-dialysis programme));
 - 4.2.6 Alternatives to Hospitalization:
 - Rehabilitation
 - Step Down
 - Home Nursing
 - Hospital at Home
 - Wound Care
 - Oxygen Therapy, CPAP
 - Spinal Care Programs (Lumbar and Cervical)
 - Management of Re-admissions, etc.
 - 4.2.7 Treatment facilitation with Centers of Excellence.
- 4.3** The contracted MCO is to provide for the Investigation and Confirmation of Non-disclosure of pre-existing conditions and ensure that there is non-payment for the related claims.
- 4.4** The MCO contracted by the Scheme to provide any of the above Services must conduct their services in full compliance with the Medical Schemes Act, the Regulations of the Act, the registered rules of the Scheme and the principles of sound corporate governance;
- 4.5** The MCO must provide clinical and financial risk assessment and management through the use of both rules-based and clinical management-based processes in rendering the Services;
- 4.6** Tariff Negotiations, Pricing and Utilisation Management - the Scheme conducts its own Tariff negotiations, but the successful Service Provider will be required to assist and provide inputs into this process in structured meetings, engagements, and formal Reports/Proposal. This is with

particular reference to Tariff Pricing recommendations and move from FFS to ARMS including Value Based Care Models from Hospital Groups etc.

- 4.7** The MCO must be able to demonstrate how the outcome of the interventions would be guaranteed in the form of Savings and report annually on Return on Investment compared to the Annual Managed Healthcare Fee. The Service Provider must have this actuarially calculated at their own costs which will be ratified by the Scheme's Actuaries.
- 4.8** The bidder must make provision for monthly initiatives to improve member experience and boost member retention. This should be included in the monthly SLA report submitted to the Scheme.

The MCO is further required to:

- 4.9** Demonstrate the adequacy and efficiency of the IT system to be used for the Hospital Benefit Management Programme to manage Medshield's membership profile and claiming experience with authorisations and claims management on which it must be further:
 - 4.9.1 Load onto Medshield's IT system, as well as the Data Warehouse;
 - 4.9.2 Provide and load pre-authorisation instructions onto Medshield's current administration platform;
 - 4.9.3 Ensure that they are able to apply and adhere to Medshield pricing tariffs in accordance with Medshield Networks which will be utilised in the payment of claims. This includes application of related professional tariff pricing as part of the Pre-authorisation process to inform members and providers of benefit entitlement;
 - 4.9.4 Provide claims status instructions and the created pre-authorisations and descriptions as mapped to the Schemes current administration platform and relevant explanation, where applicable;
 - 4.9.5 Provide compulsory facilities claims processing and interfacing between the facility claims processing, and Medshield's current administration Platform;
 - 4.9.6 Ability to accept authorisation directly from hospitals/facilities;
 - 4.9.7 Ability to accept authorisations from the Schemes mobile application;
 - 4.9.8 Ability to receive authorisations for Dental procedures from the Schemes Dental provider
 - 4.9.9 Provide full audit trail on authorisations that are integrated with the Schemes admin platform;
 - 4.9.10 Ability to save communication shared with all the stakeholders in the MCO's management system and the Scheme's system;
 - 4.9.11 Admission specific authorisations with authorisation types in order to apply benefits limits correctly and statistics;
 - 4.9.12 The IT System should be able to indicate PMB DTP eligibility and apply Legislation requirement to related;
 - 4.9.13 Must have the ability to integrate with our Medicine management provider for services like oncology or organ transplant medicine; and
 - 4.9.14 Ensure the System is able to apply to load the various networks/DSP and apply to applicable benefit option
- 4.10** The MCO to employ adequate number of appropriately skilled, suitably qualified experienced healthcare professionals and other personnel to render the Services (no centralisation allowed):

- 4.10.1 Provide Medical Advisor/s-details/credentials as part of the tender submission;
 - 4.10.2 Specific requirement for two (2) full time clinical staff (High Level Clinical Specialists) to be onsite at Medshield to deal with high level escalations (end to end) together with the Medshield Clinical Risk Team; and
 - 4.10.3 Ensure management and supervision of the performance of the Services personnel.
- 4.11** Ensure and demonstrate to Medshield Medical Scheme that all standard operating procedures, protocols, and formularies used in the programme are:
- 4.11.1 Based on evidence-based medicine;
 - 4.11.2 Evaluated periodically to ensure relevance for funding decisions;
 - 4.11.3 Consider both cost-effectiveness and affordability;
 - 4.11.4 Ensure that provision is made for appropriate exceptions where a protocol and/or formulary has been ineffective or causes or would cause harm to a beneficiary, without penalty to that beneficiary; and
 - 4.11.5 Medical advisory Engagement with treating providers as and when required.
- 4.12** The MCO to have in place appropriate mechanisms to ensure the consistent application of clinical review criteria and compatible decisions.
- 4.13** The MCO to provide access to protocols, formularies and treatment lists to the Scheme, healthcare providers and beneficiaries, upon request.
- 4.14** The MCO to ensure the confidentiality of all clinical and member information going through the systems.
- 4.15** The MCO to demonstrate the ability to measure quality and best medical practice by benchmarking against standards and norms to improve outcomes.
- 4.16** The MCO to ensure that the Services are fully operational during Business hours and in accordance with the Service Level Agreement (SLA).
- 4.17** The MCO to provide a recommended SLA and Performance Indicators as part of this submission.
- 4.18** The MCO to demonstrate the ability to provide best practice service levels and turn-around times in line with Medshield mandated SLA'S to optimise the member and service provider experience.
- 4.19** The MCO to demonstrate the ability to communicate timeously, accurately, and clearly to members and providers.
- 4.20** The MCO to provide a seamless customer service experience to members, providers and the Scheme integrated with the Schemes Operation/Clinical Risk Divisions.
- 4.21** The MCO must demonstrate the ability to provide complaints or appeals procedures/ mechanisms and management capabilities, this must include systems to manage record and resolve such complaints or appeals.
- 4.22** The MCO must ensure that such provision for complaints or appeals procedures will in no way impact upon the entitlement of a beneficiary to complain to, or lodge a dispute with the Scheme

and the CMS.

- 4.23** The MCO to provide projected development and implementation timelines to Medshield in respect of the Service deployment, subject to services enhancements and required development for Medshield which shall be agreed to by the parties.
- 4.24** The MCO to provide a dedicated account manager responsible for the management of the relationship with Medshield and resolution of any escalated queries within the agreed upon timelines.
- 4.25** The MCO to provide support for the resolution of queries and assistance post the roll out of the Services.
- 4.26** The MCO to provide assurance that all treatment records held by the MCO or healthcare provider and other information pertaining to the diagnosis, treatment and health status of the beneficiary remains scheme records, but such information may not be disclosed to any other person without the express consent of the Scheme.
- 4.27** All the Scheme data remains the property of the Scheme and copyright vests in the Scheme. The data shall be kept and disclosed as per industry norms and standards and as may be required from time to time.
- 4.28** The MCO must demonstrate the Reporting capability on aspects of Service Delivery, Clinical and Cost Effectiveness and Quality Outcomes-Examples of such reports to be provided as part of the Bid submission.
- 4.29** The MCO must be willing and able to constructively engage and participate with all other service providers that are contracted by the Scheme. The onus is on the MCO to ensure the appropriate integration of their IT systems with that of the Scheme and any other contracted MCO. The MCO must be able to interface with the Schemes IT administration system.
- 4.30** The MCO must submit relevant data to the Scheme's IT Data Warehouse Service Provider in the format required by the Scheme.
- 4.31** The MCO must be able to demonstrate the ability to present to the Scheme a list of Specialist Medical Experts and draw on their expertise in complex cases.
- 4.32** Business Analyst and System Support - the MCO to provide detail on how they will provide a pool of Business Analysts and Systems support staff to ensure excellence in providing the Hospital Benefit Management Services.
- 4.33** Bidder's system should be in a position to provide simulation provide assimilation.

5. DOCUMENTS REQUIRED

5.1 Mandatory Documents

Each Bidder (inclusive of Consortia or Joint Ventures partners if applicable) shall be obliged to submit the following qualifying information with its Proposal:

- 5.1.1 Proof of company registration documents (e.g., Pty Ltd, Trust, CC, etc.).
- 5.1.2 Proof of business address – one of the following documents will be taken into consideration as proof of business address: a valid lease agreement, a rates and taxes bill, a landlord's rental invoice, or a title deed.
- 5.1.3 Proof of Tax Compliance with SARS (Original and valid SARS tax clearance certificates or SARS pin number).
- 5.1.4 Completed and Signed declaration forms.

N.B.: Non-submission of any of the documents listed above will lead to immediate disqualification.

5.2 Evaluation Documents

- 5.2.1 Valid Broad-Based Black Economic Empowerment Certificate from a SANAS accredited rating agency or affidavit (if sole trader or an individual).
- 5.2.2 Curricula Vitae of the team (key personnel) who will be allocated to the account specifying experience in the delivery of services of a similar nature.
- 5.2.3 Particulars of a project manager who will be the key person representing the Bidder in the supply of the services and the team (key personnel), demonstrating their specific duties in the project.
- 5.2.4 Infrastructure/System Architecture inclusive of disaster recovery and business continuity process/es.
- 5.2.5 A clear description of how the stated quotation for the Service/s was derived.
- 5.2.6 Particulars of current contractual commitments of the Bidder.
- 5.2.7 A short credentials document including the Bidder's approach, methodology and take-on implementation plan.
- 5.2.8 Bidder must provide three reference letters demonstrating similar work done in the last three years specifying project descriptions, scope of work, and results achieved.
- 5.2.9 Confirmation that the bidder will at all times have staff available for this account who are capable of performing the work (staff for this project must have the right skills as outlined in this RFP) and ensure that all staff have the necessary skills and expertise to engage on this project implementation plan.
- 5.2.10 Confirmation from the bidder that they have the capacity to render this service for the duration of the contract period (it must be noted that this will also form part of the contractual agreement between Medshield and the preferred bidder).

- 5.2.11 A basic Joint Venture or Consortium agreement must form part of the bid documentation/bid response provided and this must clearly detail the structure of the joint venture relationship.
- 5.2.12 Information regarding any legal matters in which the Bidder is involved that may impact their ability to fulfil the contractual requirements.
- 5.2.13 A draft agreement setting out the terms, conditions, and deliverables which the Scheme will enter into with the preferred bidder which will be negotiated and finalised as part of the procurement process.
- 5.2.14 A draft service level agreement for review.
- 5.2.15 Proof of financial soundness. Bidders are required to submit confirmation of financial soundness for the contracting entity to prove that the entity is a going concern, this should be in the form of the bidder's latest audited Annual Financial Statements.

6 PRICING

- 6.1 Bidders shall ensure that all prices are inclusive of Value-Added Tax (VAT).
- 6.2 Medshield Medical Scheme is not obligated to accept the lowest price of any proposal received.
- 6.3 A bidder must supply a three (3) year itemised pricing schedule.
- 6.4 It is preferred for prices to be fixed and firm for one year. If not possible, it must be clearly detailed as to which prices and cost elements will be fixed, and which will be variable. If variable, the relevant indices and/or adjustment factors that could be applied must be specified.

7 EVALUATION CRITERIA

The Proposal will be evaluated in terms of the following criteria:

- 7.1 Functionality – 60
- 7.2 Black Economic Empowerment (BEE) status – 20
- 7.3 Price and Costing Model – 20

Therefore, the total score is a 100

FUNCTIONALITY

The functional evaluation criteria will be as follows and carries a weight of 60 towards the Total Score. A score of less than 80% for functionality will disqualify the Bidder (i.e., 48 points).

Criteria	Weight
FUNCTIONAL EVALUATION CRITERIA	80%
Approach, methodology and take-on implementation project plan	30
Company experience in performing this service	15
Key personnel experience in performing this service (as per CVs submitted)	15
Capacity, Technical Capability and relevant infrastructure of the bidding entity	30
Reporting	10
Total for Functionality	100

Each committee member will rate the Technical Response to this Specification using the following value scale:

Description	Value
Meets and exceeds Medshield’s functional requirements	5 – Excellent
Above average compliance to Medshield’s functional requirements	4 – Above average
Satisfactory and meets Medshield’s functional requirements	3 – Average
Below average compliance with Medshield’s functional requirements	2 – Below average
Unacceptable and does not meet Medshield’s functional requirements	1 – Poor

BLACK ECONOMIC EMPOWERMENT STATUS IN ACCORDANCE WITH THE JOINT VENTURE OR CONSORTIUM SCORE OBTAINED

The BEE evaluation criteria will be as outlined below and carry a weight of 20% towards the Total Score. Evaluation will be in accordance with the code of good practice on black economic empowerment, issued in terms of *Section 9(1)* of the Broad-Based Black Economic Empowerment Act. The applicable levels are shown in the table below.

Criteria	Indicator	Carries a weight of 20% towards the Total Score
B-BBEE	Level One	20
	Level Two	16
	Level Three	14
	Level Four	12
	Level Five to Six	10
	Level Seven to Eight	5
	Non-compliant contributor	0

PRICE

The price evaluation formula will be as follows and carries a weight of 20% towards the Total Score:

The price quoted must be inclusive of VAT.

The percentage scored for price shall be calculated as follows:

— The lowest acceptable bid will obtain the maximum percentage allocated for price. The other bids with higher prices will proportionately obtain lower percentages based on the following formula:

$$P_s = (P_{min} \div P_t) \times A_p$$

P_s = percentage scored for the price by bid under consideration

P_{min} = lowest acceptable bid

P_t = price of bid under consideration

A_p = percentage/weight allocated for price.

BID AWARD AND ADJUDICATION

The Scheme is not obliged to accept or award the bid to the lowest price and retains the right to award the bid in the best interest of the Scheme members. Notwithstanding the foregoing, the Scheme reserves the right to accept a Proposal with minor deviations, which will not influence the provision or supply of the Services required. The decision by the Scheme regarding the awarding of a contract shall be final, and the Scheme shall not be obliged to give reasons for its decision to unsuccessful Bidders.

8 PRESENTATIONS AND SITE VISITS

8.1 Presentations

- Medshield may call any shortlisted Bidders for a presentation regarding any aspect of their bid. Shortlisted Bidders will be notified of the date, time, and venue at least three (3) business days in advance.
- Shortlisted Bidders will be required to present their proposals in relation to Capacity, Technical Capability and Relevant Infrastructure of the bidding entity.
- It must be noted however, that under no circumstances will a presentation by any Bidder constitute an award or promise/undertaking to award the contract.

8.2 Site visits

Medshield reserves the right to carry out site visits or call for supporting documentation in order to confirm any information provided by a Bidder. It will be the responsibility of the Bidder to ensure access to such premises within a reasonable time. The site visit results will be used to confirm the validity of the technical scores.

9 EFFECT OF SUCCESSFUL PROPOSAL

- 9.1 In submitting a Proposal, a Bidder expressly undertakes that it accepts the provisions of the conditions of the RFP, and it will comply fully therewith.
- 9.2 The Scheme reserves the right to accept or reject any Proposal or alternative Proposal, or any variation or deviation thereof. The Scheme may terminate the RFP process and reject all Proposals at any time before the formation of a contract. The Scheme will not incur any liability to a Bidder or be obliged to inform any Bidder of the reasons for the aforesaid action.
- 9.3 The Scheme may, after the termination of the RFP process or the rejection of all bids, abandon the procurement of the services, or procure the services in such other manner as it may elect. The Scheme may re-issue a similar RFP at any time at its discretion.

10 QUERIES

- 10.1 Should it be necessary for a Bidder to obtain clarity on any matter arising from, or referred to in this RFP document, please refer queries in writing to the contact person listed below:

Name	Email address	Subject
Nawaal Ballim	Procurement@medshield.co.za	Hospital Benefit Management RFP

- 10.2 Telephonic queries will not be considered.
- 10.3 Under no circumstances may any other employee within the Scheme be approached for any information. Any such action may result in the disqualification of a bid submitted in response to the RFP.
- 10.4 The last date for receiving queries is the **6th of October 2023 at 16h00** and the Scheme will reply to all queries by the **13th of October 2023 before 16h00**.
- 10.5 The Scheme may consolidate all questions and responses into one document which will be shared with all participating Bidders.

11 SUBCONTRACTING

- 11.1 If subcontracting is envisaged, the Bidder must clearly indicate in the proposal which parts of the work will be subcontracted.
- 11.2 The total value of the subcontracted part of the services cannot represent the total value of the contract value.
- 11.3 If the identity of the subcontractor is not known at the time of submitting the proposal, the Bidder who is awarded the contract will have to seek prior written authorisation from Medshield before entering into a subcontract.
- 11.4 Where no subcontractor is given, the work will be assumed to be carried out directly by the Bidder.

12 GENERAL

- 12.1 This document and the associated information are an invitation only and do not constitute an offer to trade. Medshield is not bound to conduct business based on any submission received. All commercial matters are subject to agreement.
- 12.2 Bidders submitting responses are required to keep their offer open for acceptance for a period of one hundred and twenty (120) days from the closing date for submission.
- 12.3 This document and all submissions are confidential documents, the contents of which should not be revealed to any third party by the Bidder or the Scheme.
- 12.4 The Scheme's standard payment terms are 30 days from the date of invoice.

SECTION 2: TENDER DOCUMENTATION (MUST BE RETURNED WITH BID SUBMISSIONS)

Indicate the type of Bidding structure by marking with an 'X'	
Individual Bidder	
Joint Venture	
Consortium	
Subcontract	

If Individual:	
Name of Bidder	
Date	
Registration Number	
Vat Registration Number	
Contact Person	
Capacity	
Telephone Number	
Email Address	
Postal Address	
Physical Address	

*If Joint Venture or Consortium or Subcontract, indicate the name/s of the participants	
Company Name	
Date	
Registration Number	
Vat registration Number	
Contact Person	
Telephone Number	
Postal Address	
Physical Address	

SECTION 3: DECLARATION BY THE BIDDER

We hereby submit our proposal on the terms and conditions and in accordance with the specifications stipulated in this RFP at the prices inserted therein.

We agree that the laws of the Republic of South Africa shall govern the contract created by the acceptance of my/our bid and that we choose *domicilium citandi et executandi* in the Republic as indicated below.

We furthermore confirm that I/we have satisfied myself/ourselves as to the correctness and validity of our proposal that the price(s) and rate(s) quoted cover all the work/item(s) specified in the RFP and that the price(s) and rate(s) cover all my/our obligations under a resulting contract and that we accept that any mistakes regarding price(s) and calculations will be at our risk.

We hereby accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on us under this RFP for the due fulfilment of this contract.

We hereby confirm that we will submit any information regarding any legal matters which we are involved in, which may impact this work.

We certify that the information furnished on this declaration form is true and correct. We accept that, in addition to the cancellation of a contract, action may be taken against me/us should this declaration prove to be false.

Signature(s) of Bidder or assignee(s):	Date:
Name of signing person (in block letters):	
Capacity:	
Are you duly authorised to sign this bid?	
Name of Bidder [company name] (in block letters):	
Postal address (in block letters):	
<i>Domicilium citandi et executandi</i> in the RSA (full street address of this place) (in block letters)	
.....	
.....	
.....	
Telephone Number:	
Fax Number:	
Cell Number:	
Email:	