

# REQUEST FOR PROPOSAL FOR THE PROVISION OF ACTUARIAL SERVICES

<b>NUMBER:</b>	<b>RFP 008/09/2023</b>
<b>DESCRIPTION OF BID:</b>	<b>Actuarial Services</b>
<b>CLOSING DATE:</b>	<b>26 October 2023</b>
<b>CLOSING TIME:</b>	<b>12:00 PM - No late bids will be accepted</b>
<b>BRIEFING SESSION:</b>	<b>10 October 2023 AT 10AM (VIRTUAL)</b>
<b>DOCUMENT DELIVERY ADDRESS:</b>	<b>Medshield Medical Scheme</b> 7 <sup>th</sup> Floor 192 Bram Fischer (entrance on Sneddon Road) Ferndale Randburg 2194
<b>FOR ATTENTION:</b>	<b>Mrs. Nawaal Ballim</b>

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

**No faxed or emailed bids will be considered.**

## 1. GLOSSARY

<b>Award</b>	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
<b>Consortium or Joint Venture</b>	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
<b>Contracting entity</b>	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
<b>DSP</b>	Designated Service Provider
<b>EME</b>	Exempted Micro Enterprise in terms of the Codes of Good Practice
<b>ETL</b>	Extraction, Translation and Loading
<b>Functionality</b>	The ability of a Bidder to provide goods or services in accordance with specifications as set out in the tender documents
<b>Original bid</b>	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
<b>QSE</b>	Qualifying small enterprise in terms of the codes of good practice
<b>RFP</b>	Request for Proposal
<b>SANAS and DTI</b>	Refers to the South African National Accreditation System and the Department of Trade and Industry respectively
<b>SCMP</b>	Supply Chain Management Policy
<b>Successful Bidder</b>	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) requires a suitably qualified service provider to act as a partner and business advisor to the Scheme in terms of the provision of actuarial services.

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 139 000 beneficiaries. The Scheme has 11 benefit options – with 9 parent plans and 2 Efficiency Discount Options, and a solvency ratio far exceeding the statutory minimum of 25%. For more information about the Scheme please access [www.medshield.co.za](http://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 **10 October 2023** at **10AM**. The session will be virtual. Details of the briefing session details will be shared as requested per the advert published on the Sunday Times on the **1<sup>st</sup> of October 2023**. Please note that the request for the link to join the briefing session should be requested via an email to [procurement@medshield.co.za](mailto:procurement@medshield.co.za) **before 12PM on the 9<sup>th</sup> of October 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 pricing models must be submitted in a separate sealed envelope from the rest of the bid proposals. Section 3.3 will apply in this regard, i.e., please ensure that one (1) original, plus two (2) hard copies of the pricing model are submitted.
- 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 considered late if it arrived 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.
- 3.9 If the bidder is a member of a joint venture or consortium, the joint venture agreement must be included in the bid papers or bid response and must clearly outline the joint venture relationship's organizational structure.

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

The Finance department seeks a suitably qualified service provider to act as a partner and business advisor to the Scheme in terms of the provision of actuarial services.

The services are broken down into two categories:

Core Services	Other Services
a) Monthly Actuarial Services	a) Administration
b) Monthly Clinical Risk Requirements	b) Ad hoc actuarial service requirements. <ul style="list-style-type: none"> <li>▪ Business plan for loss making options.</li> <li>▪ Impact and analysis of NHI implementation on the Scheme.</li> </ul>
c) Annual Benefit Design	
d) Annual Contribution Review	
e) Annual Budget	

Core Services	Other Services
f) Annual IBNR calculation(s) for audit	<ul style="list-style-type: none"> <li>▪ Ability to analyze impact of any IFRS and/or Regulatory changes to the Scheme.</li> </ul>

**4.1. Actuarial Services:**

- i. Calculation of the monthly IBNR provision in line with the Schemes standard operating procedure. The year-end IBNR calculation(s) will be supported by a formal IBNR provision report which is required by the external auditors for auditing purposes.
- ii. A monthly actuarial report with detailed membership and claims experience analysis to enable to Scheme to gain an understanding of membership and claims performance and the underlying trends. The report is expected to form the foundation for understanding Scheme experience across the business. The report should include (but not limited) the following:
  - a) Executive summary highlighting key trends and issues for noting and/or action;
  - b) Analysis of demographic changes and relevant impact on membership and claims;
  - c) Actual performance vs budget (month and year-to-date);
  - d) Actual performance vs prior year (month and year-to-date);
  - e) Actual performance vs forecast (month and year-to-date);
  - f) Analysis of significant claims cost drivers in terms of utilisation and cost per event;
  - g) Analysis at an option level and benefit category level;
  - h) Analysis of claims experience relative to the industry taking into consideration case mix adjustment. This should be specified under a separate heading “case mix adjustments”.
  - i) Appendices which will contain the relevant supporting working papers for information contained in the main report, which provides a clear audit trail and
  - j) Enhancements to the report when required by the Scheme.
- iii. Financial forecast to be prepared when required by Scheme management, with the first forecast to be completed and submitted in May when the previous year’s full claims experience is known. This basis for the forecast will be the upcoming year’s budget.
- iv. The IBNR provision (together with appropriate supporting working papers) and the actuarial report are to be submitted within 5 working days of month end.
- v. The actuarial report is to be presented to the Scheme Executive Committee on a monthly basis and relevant various Scheme Board Committee’s.
- vi. An example of the actuarial report is to be submitted as part of the submission.

**4.2. Annual Benefit & Contribution Review and preparation of the Scheme’s budget:**

The scope of the work is the annual benefit & contribution review as well as the preparation of the annual budget which comprises the following:

- i. Development of a current plus 5-year sustainability report by the actuary. This report will form the basis of the annual benefit and contribution design.
- ii. An annual contribution and benefit review report as follows:
  - a) The approach should be based on a product development approach;

- b) Development of a medium-term view of the Scheme in terms of strategy, particularly referring to reserve levels and financial targets in line with the sustainability report.
  - c) Development of an implementation plan for annual changes to be effected based on the longer-term planning, including roadmaps for benefit options and options sustainability (addressing loss making options);
  - d) In-depth review of the Scheme relative to competitors in the market to understand the Scheme's position relative to the Scheme's peers;
  - e) Benchmarking of options to the industry (based on value for money and benefit richness); and
  - f) Option design changes and related costing proposed for input into the annual budget.
- iii. Preparation of the annual budget as follows:
- a) The contribution and benefit review report will provide input into the budgeting process (membership, contributions, and claims);
  - b) Detail Non-healthcare budget will be completed by the Chief Financial Officer however the actuaries must cater for non-healthcare expenditure in the overall budget; and the
  - c) Investment budget assumptions will be provided by the Chief Financial Officer which must be included in the overall Scheme budget.
- iv. The contribution and benefit review document (together with the budget) will be presented to the Scheme's Board of Trustees and relevant sub-committees for approval;
- v. The contribution and benefit review documents, together with the budget (including the annexure's required by CMS) will be submitted annually to the Council for Medical Schemes.
- vi. Any queries and/or changes from the Council for Medical Schemes regarding the submission must be addressed and finalised.

#### **4.3 Clinical Requirements:**

- i. The Scheme currently employs the services of a relatively large number of service providers to manage benefits across the Scheme's options. Each service provider submits operational and clinical reports to the Scheme covering the services delivered.
  - a) The Scheme requires monthly reporting from the successful bidder that measures the return on investment from each service provider based on fees paid.
  - b) The Scheme also requires monthly reports on claims trends that highlights outliers and areas for concerns.
  - c) The Scheme is to be advised on metrics by which service providers will be reporting on.
  - d) Clinical information obtained from the relevant service providers should be considered in decision making with regards to benefit design.
  - e) Specific services provider reports (e.g., Managed Care Organisations) should be used in testing the IBNR.

- ii. The Scheme requires hospital diagnostic-related group (DRG) Reports quarterly. This should form part of the actuarial services report.

#### **4.4 Administration:**

- i. The following meetings are to be held:
  - a) Monthly meeting with the Schemes Chief Financial Officer to discuss the following:
    - Monthly IBNR;
    - Scheme sustainability report;
    - Forecast;
    - Any other requirement from the CFO; and
    - The Schemes Chief Financial Officer must sign off all relevant reports and documents prior to distribution.
  - b) Monthly meeting with the Executive Committee to present the monthly actuarial report.
- ii. Attendance of the following Committee meetings (four meetings minimum per annum per committee):
  - Audit & Risk Committee;
  - Clinical Governance Committee;
  - Finance Committee;
  - Marketing & Product Committee;
- iii. Attendance to Board of Trustees meeting (only when required).
- iv. The Scheme may engage the service provider from time to time to perform specific requests, depending on business requirements. Separate provision should be made for this at a rate per hour basis. This will be monitored on a monthly basis.

#### **4.5 Value Add Services**

- i. The Scheme requires a partner who will assist the Scheme in improving the gross healthcare result.
- ii. Specialist profiling must be undertaken to highlight the claims experience and assist in network building.
- iii. At a high level the Scheme envisages the process to follow the below steps, however it must be stated that this is open for discussion and amendment once the bid has been awarded.
  - Step 1: Diagnostic – Information gathering.
  - Step 2: Reviewing and monitoring of the current 5-year sustainability report.
  - Step 3: Action Plan – Translating strategy into implementable tasks.

iv. Diagnostic:

- a) This process will involve a Scheme diagnostic and identification of key metrics.
- b) Key metrics are defined as levers or tools that have a significant impact on Scheme performance. The key metrics include benchmarking against relative peers in industry as well as against prior period Scheme information, going back 5-7 years.
- c) The ultimate aim of the diagnostic is to obtain information which will become the input into the action plan, together with the key metrics.

v. Reviewing of the Scheme's 5-year sustainability report (including action plan):

- a) The report should propose implementable strategies and other initiatives that target the gross healthcare result.
- b) It is envisaged that the structure of the sustainability report will be multidimensional (across different departments, involving but not limited to, IT, Legal, Projects, Operations, Clinical Risk, Finance) and multiyear (the period has not yet been determined but a minimum of 2 years).
- c) The sustainability report will include the complete list of metrics that will be identified in the diagnostic phase, together with definitions and original calculations based on the 2022 Annual Financial Statements.
- d) The report will be signed off by the Scheme's Chief Financial Officer and will be submitted to the executive committee for discussion, amendment, and final approval.
- e) The report and action plan should be a living document that operationalises the formal Scheme strategy and defines recommendations to assist in achieving these goals.
- f) The sustainability report must review the Scheme's structure of its options with strategies to address the highest loss-making options.
- g) Include all other pertinent information that may be relevant.
- h) Contribution increases outside the approved Scheme strategy may not be considered as a value-add service (in the current option structure depending on the circumstances).

## 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 One of the following documents will be taken into consideration as proof of business address: an agreement to lease, 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.
- 5.1.5 Proof of ASSA membership

**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 Particulars of current contractual commitments of the Bidder.
- 5.2.6 A short credentials document including the Bidder's approach, methodology and take-on implementation plan. It would be beneficial to include an overview of your knowledge of the healthcare funding industry (Medical Aid).
- 5.2.7 Bidder must provide minimum of five (5) signed reference letters with contactable details, demonstrating similar work done in the last three years specifying project descriptions, scope of work, and results achieved.
- 5.2.8 Confirmation that the bidder will always have employees on hand for this account who are capable of handling the work (employees for this project must possess the appropriate skills as described in this RFP) and that all employees have the knowledge and experience required to work on this project's implementation plan. A statement from the bidder attesting to their ability to provide this service for the duration of the contract period; it should be highlighted that this will also be a condition of the contract between Medshield and the chosen bidder.
- 5.2.9 The bidder must disclose any information pertaining to litigation in which they may be involved that could affect their capacity to meet the terms of the contract.
- 5.2.10 A successful bidder will be required to 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 contracting agreement process.
- 5.2.11 A draft service level agreement for review.
- 5.2.12 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. Furthermore, bidders must submit their latest audited Annual Financial Statements.



## 6 PRICING

6.1 All prices or other costs contained in a Proposal shall be in South African currency.

6.2 Bidders shall ensure that all prices are inclusive of Value-Added Tax (VAT).

6.3 The pricing should be structured as follows:

a) Core – Monthly fee for services, as indicated below:

The pricing for core services must include:

- Actuarial services
- Annual Benefit & Contribution Review
- Clinical Risk Requirements
- Administration

b) Value Add Services – Performance based fee structure.

The pricing should be shown as a monthly fee and should be broken down as follows:

- Budgeted hours per service
- Table with staff breakdown (detail the rate per hour, name of the actuaries, designation, and level)
- Monthly fee excl. VAT
- Monthly fee incl. VAT
- The total charge for core services over the period of the contract

6.4 The pricing should be shown as a monthly fee and should be broken down as follows:

- a) Budgeted hours per service;
- b) Table with staff breakdown (detail the rate per hour, name of the actuaries, designation, and level);
- c) Monthly fee excl. VAT;
- d) Monthly fee incl. VAT; and
- e) The total charge for core services over the period of the contract

6.5 The pricing for value-add services will be based on a performance-based fee structure between the Scheme and the successful bidder which implies:

- a) A partnership alignment between the Scheme and the successful bidder underpinned by the principle that the better the Scheme does, the better service provider does.
- b) If there is no value add according to the pre-determined metrics and formulas, then there will be no fee.

6.5.1 The process to arrive at the performance-based fee structure will be as follows:

- a) The Scheme and the successful bidder will identify the relevant organization or individual in the market with the relevant skills and experience to be able compile the performance-based fee structure.
- b) The performance-based fee structure must comply with the Schemes Supply Chain Management Policy in terms of value for money. Value for money is the essential test against which the Scheme justifies its procurement outcome. Best value for money means the best available outcome when all relevant costs and benefits over the procurement cycle are considered.
- c) The costs of drafting the contract will be born equally between the Scheme and the successful bidder.
- d) The approved performance-based fee structure will form an addendum to the master contract between the Scheme and the successful bidder.
- e) The benchmarks used in the performance-based fee structure will be based on:
  - 2022 AFS;
  - 2024 Budget; and
  - Sustainability report to be determined as part of value-add services.
- f) Any action plans developed in the sustainability report or action plan that apply to 2025 that are implemented and have an impact in the 2025 financial year will be covered in the performance-based fee structure.

6.6 A clear description of how the stated quotation for the Service/s was derived.

## 7 EVALUATION CRITERIA

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

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

Therefore, the total score is 100 points.

### **FUNCTIONALITY**

The functional evaluation criteria will be as follows and carries a weight of 60% towards the Total Score. A score of less than 75% for functionality will disqualify the Bidder.

Criteria	Weight
FUNCTIONAL EVALUATION CRITERIA	<b>75%</b>
Approach, methodology and take-on implementation project plan	20
<ul style="list-style-type: none"> <li>• Approach – integrated approach involving Scheme personnel to ensure smooth transition.</li> </ul>	Detailed = 7 points Moderate = 3 points Vague = 1 point
<ul style="list-style-type: none"> <li>• Methodology – aligned process</li> </ul>	Detailed = 7 points Moderate = 3 points Vague = 1 point
<ul style="list-style-type: none"> <li>• Take-on implementation project plan – plan describing milestones, timelines, and system integration.</li> </ul>	Detailed = 6 points Moderate = 3 points Vague = 1 point
Company experience in performing this service	20
<ul style="list-style-type: none"> <li>• A minimum of 5 signed letters, with contact detail letters from previous or current clients for related work done (letters should not be older than 1 year and should relate to work done not more than 3 years ago) in Medical Scheme Industry.</li> </ul>	5 letters = 20 points 3 letters = 10 points 1 letter = 5 points
Key personnel experience in performing this service (as per CVs submitted)	20
<ul style="list-style-type: none"> <li>• The proposed lead actuary should preferably have at least 7 years of experience in Medical Scheme Industry.</li> </ul>	7 years plus = 12 points 4 - 5 years = 6 points 2 – 3 years = 2 points
<ul style="list-style-type: none"> <li>• The proposed supporting/working actuary should preferably have at least 5 years of experience in Medical Scheme Industry.</li> </ul>	5 years plus = 8 points 3 - 4 years = 4 points 1 - 2 years = 1 points
Technical Capability and relevant infrastructure of the bidding entity	20
<ul style="list-style-type: none"> <li>• Does the supplier use its own infrastructure or use the 3rd party infrastructure with comparable industry analytics.</li> </ul>	Own = 20 points Third Party = 5 points
Capacity	10
<ul style="list-style-type: none"> <li>• Resources available for the project with take-on ability</li> </ul>	1 month or less = 10 points More than a month = 5 points

Criteria	Weight
Reporting	10
<ul style="list-style-type: none"> <li>Monthly report with IBNR calculation presented after days</li> </ul>	5 working days or less = 10 points More than 5 working days = 5 points
<b>Total for Functionality</b>	<b>100</b>

**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:

$$Ps = (Pmin \div Pt) \times Ap$$

Ps = percentage scored for the price by bid under consideration

Pmin = lowest acceptable bid

Pt = price of bid under consideration

Ap = 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	Actuarial Services

- 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 **12<sup>th</sup> of October 2023** at **16h00** and the Scheme will reply to all queries by the **19<sup>th</sup> 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)**

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

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

<b>*If Joint Venture or Consortium or Subcontract, indicate the name/s of the participants</b>	
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.

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