

National Empowerment Fund

RFI No: NEF 01/2014

**REQUEST FOR INFORMATION:
PROVISION OF
MULTIMEDIA/DIGITAL SERVICES FOR
THE NEF**

**CLOSING DATE : 10/03/2014
TIME : 14H00**

P.O.Box 31, Melrose Arch, Melrose North, 2076
E-mail: nkhahlem@nefcorp.co.za or tofilex@nefcorp.co.za
Tel: (011) 305 8000

TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON
THE DATABASE OF THE NEF

All suppliers are herewith invited to register as an approved supplier on the database of the NEF.

In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA), the Department developed a supplier database to be used by the procurement office.

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the Department. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official registration form to assist us in updating our database according to legislation. **It is imperative that suppliers read the application document carefully, complete it in full and sign it. Please note that an Original Valid Tax Clearance Certificate, copy of BEE Certificate, CIPRO Certificate and Company Profile must be attached.**

When completed please hand deliver the original document to the following physical address:

**187 Rivonia Road, West Block,
Morning side, 2057**

or alternatively post it to:

**P.O.Box 31,
Melrose Arch, Melrose North
2076**

**For attention: The Supplier Database Administrator
Supply Chain Management**

SUPPLIER INFORMATION QUESTIONNAIRE		Ref No.	SCM			Dated
<p>NB: THIS DOCUMENT TO BE DULY COMPLETED BY THE SUPPLIER</p> <p>All the information contained in this Supplier Information Questionnaire will be treated as strictly confidential.</p> <p>Kindly address your reply to:</p> <p>_____</p> <p>NEF Supplier Database Administrator</p> <p>_____</p> <p>Supply Chain Management representative</p> <p>_____</p> <p style="text-align: center;"><u>IMPORTANT NOTE</u></p> <p>Please note that the supply or completion of this supplier information questionnaire does not constitute an offer nor agreement between your enterprise and NEF Trust.</p> <p>Please note that <u>all</u> answers to the questions contained herein are <u>material</u> and shall form the basis of the contract (if any) between your enterprise and NEF Trust. In the event that <u>any</u> answer furnished is incorrect, inaccurate, misleading or amounts to a misrepresentation of whatsoever nature, NEF Trust reserves the right, exercised in its sole and absolute discretion, to cancel the contract with your enterprise or take other appropriate legal action against your enterprise.</p>						
1) Registered Name of Enterprise:			2) Registration No. of Enterprise			
3) Division of:						
4) Full Previous Name/s:						
5) Full "Trading As" Name:						
6) Web Site address: (If available):						
7) Registered e-mail address (If available):						
8) Postal Address:						
					Postal Code:	
9) Physical Address:						
					Postal Code:	
10) Telephone Code & No.		11) Fax Code & No.		12) VAT Registration No.		
13) Name of Bank:			14) Name of Branch:			
15) Bank Account Number:		16) Branch Code:		17) Type Of Account:		
18) Account Holder Name:						

19) Your Enterprise's Turnover (Indicate with X)	Less than R 5 Million :	Less than R 35 Million :	Above R 35 Million :				
20) Number of Employees currently employed :							
21) Geographical location/region for conducting of Primary Business : (Province and nearest city/town)							
22) Type of Business or Services offered:							
B) Secondary :							
23) List the Shareholders/Directors/Members/Owners of your Enterprise (Attach own list if space provided is inadequate) (Proof Required)							
Full Names & Surname (No Initials)	Identity No	Race	Disability (Y/N)	Gender	% Share	Cell Phone No	Title/Position
a)							
b)							
c)							
d)							
e)							
f)							
g)							
24) List The Key Contact Persons In your Enterprise, i.e. Sales (Orders), Marketing, Accounts, etc.							
Full Names & Surname (No Initials)	Identity No	Cell Phone No	Title/Position	E-Mail Address			
a)							
b)							
c)							
d)							
e)							
f)							
g)							

25) PLEASE INDICATE (MARK WITH X) ONE OF THE FOLLOWING AS BEING REPRESENTATIVE OF YOUR ENTERPRISE AND INDENT THE RELEVANT DOCUMENTATION AS INDICATED:

a) Sole Proprietor		e) Trust		i) Private Company	
b) Partnership		f) Section 21 Company		j) Public Company	
c) Association		g) Parastatal		k) Other	
d) Closed Corporation		h) Medical Company			

26) MANDATORY DOCUMENTATION REQUIRED (Please provide certified copies unless otherwise indicated)

a) VAT Registration Certificate (VAT 103) (Please state if not registered for VAT)	
b) Valid Certified Tax Clearance Certificate.	
c) Original bank letter confirming account details. (Must include bank official information i.e. Name, contact number)	
d) In event of the Company changing it's Name, Ownership or Type. (Relevant CM 9, CM 29, CM 45 must be submitted in writing).	
e) Company Profile and Management Structure.	
f) Tax Directive / IRP30 (when Business Type is also Labour Broking)	
g) Certificates of Recognised BEE Ratings.	

27) OTHER DOCUMENTATION THAT MAY BE REQUIRED (Will be requested when applicable)

a) ISO Certification achieved (ISO 9001; ISO 14001; OSHAS 18001)	
b) Statutory/Legislative Certification (UIF, Flameproof; Lifting tackle etc.)	
c) Workmen's Compensation Certificate	
d) Identity Documents (where applicable).	

NB: If documents can not be provided, please list line number and provide motivation.

28) INDEMNITY DECLARATION:

I, (Name) in my capacity as..... (Designation)
of..... (Company Name) hereby confirm that I have completed the
details and set out the information requested above in this base information questionnaire, on behalf of
(Company Name) I furthermore hereby warrant and confirm that a) I am duly authorized to provide the information as set out above in
this questionnaire on behalf of(Company Name) and b) that all information given in
this supplier base questionnaire is true and correct.

Date:

Signature:

Identity No:

Cell Phone No:

E-Mail Address:

NB: NEF RESERVES IT'S RIGHTS TO CONSIDER THE DATA CONTAINED IN THIS DOCUMENT

Multimedia/Digital Services Brief:

The National Empowerment Funds Marketing and Communications is seeking services of a multimedia specialising agency to manage the digital communication platforms.

The required task will generally include but not limited to:

- meeting with client to establish their expectations and needs;
- advising client on what is technically possible and producing a proposal including, for example, the range and scope of the work and realistic **timescales** and **costs**;
- assembling a development team and keeping them updated on the project;
- working-up design ideas using computer-based design packages;
- collaborating with other specialists, writers, animators, artists, sound engineers and programmers;
- liaising with account managers and technical staff on behalf of the client and, where applicable, **ensuring clearance and copyright**;
- authoring files into a single program;
- testing and adjusting final programs;
- producing finished design work and presenting final designs to client;
- observing company policy in terms of producing and archiving product documentation as well as any reports and recommendations;
- gaining final sign-off from the client;
- agreeing on the upgrading of the product or website with the client.
- Managing the NEF website
 - Includes website updates and media alerts uploads
- Producing detailed website reports (reflecting the number and direction of hits)
- Flash Design and animation and conversion to screensaver format
- Designing the online/web banner
- Design, effects, editing and conversion to final video format required
- Design of the online newsletter
- Design of Power-point slides
- Digital/E-zine brochures
- Digital Banners and posters
- Stock image searches and purchase as per approval
- Bulk SMS database cleaning and dispatching

The bidding agencies are required to submit:

- **Hourly Rates** (Normal Hours, After Hours, Weekends);
- **A portfolio work completed** (Samples);
- **Recommendation letters from clients**

COMPULSORY LIST OF RETURNABLES

- Original valid Tax Clearance Certificate
- BEE credentials / rating certificate and the breakdown of the seven elements
- Completed and signed document
- CK Certificate
- Company Profile
- Bank confirmation letter or a cancelled cheque
- The following information also needs to be provided to the National Empowerment Fund:
 - Names and details of Senior Management.
 - Shareholders Certificate.
 - Details of employees at an Operational Level.
 - Percentage of ownership by:
 1. Black Shareholders
 2. Black Women
 3. White Women
- Traceable references from Principals must be submitted on original letterheads and accompanied by testimonials.

Failure to submit the required documents will result in the application being non-compliant and will be disqualified.

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Full Name of bidder or his or her representative:
.....

2.2 Identity Number:.....

2.3 Position occupied in the Company (director, trustee, shareholder², member):
.....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:
.....

2.5 Tax Reference Number:
.....

2.6 VAT Registration Number:
.....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated.

¹“State” means –

- (a) 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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

²“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed :

Position occupied in the state institution:

Any other particulars:
.....
.....
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:
.....
.....
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:
.....
.....
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

.....
.....
.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

YES/NO

2.10.1 If so, furnish particulars.

.....
.....
.....

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES/NO

2.11.1 If so, furnish particulars:

.....
.....
.....



I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder