



Green Corridors
PO Box 273, Hyper by the Sea
Durban, 4053.
KwaZulu-Natal, South Africa
Tel: 031 322 6026 / 7
www.greencorridors.africa
info@durbangreencorridor.co.za



REQUEST FOR QUOTATION

SUPPLY OF:

Bicycle tracking units for the GO!Durban active mobility bicycle share program

Request No.	GCGD 010 - 2021
Description	50 x bicycle tracking devices for the pilot program as per required specifications

PBO: 930052235 NPC: 2015/091519/08 NPO: 156-008 VAT: 4420273783



Directors: Bongani Gumede | Phumzile Phillip | Ndabuko Majola
Langalihle Hlengwa | Nkosinathi Gobhozi | Palesa Phili



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Specifications required for the tracking devices:

- Waterproof and dustproof
- Self-powered unit (lithium batteries - please state how many batteries are included in the unit and their expected battery life)
- Polycarbonate case with mounting points
- Internal GPS and GSM unit
- Low battery alerts
- Storage of 50 000 data points in the event of GSM fail over.
- Online tracking programme that can track the location of the devices as well as collect data on the routes travelled etc.
- Small enough to be mounted onto a bicycle.

The quotations should also include the cost for installation and 12 months (annual) subscription fee.

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Request Procedures

Name:	Jabulani Mthembu
Telephone No:	065 932 8828
E-mail:	jabulani@durbangreencorridor.co.za
Quotation Details	<p>Please address all quotes to the following details:</p> <p>Green Corridors 31 Stiebel Place Blue Lagoon 4001 VAT number: 4420273783</p>
Supporting Documentation	<ul style="list-style-type: none"> • A B-BBEE status level verification certificate can be submitted in order to qualify for preference points for B-BBEE. • Please attach a bank account confirmation letter.
Conditions:	<ul style="list-style-type: none"> • All quotes must be submitted by email not later than the stipulated time and date. Quotes received after the closing time and date will not be accepted for consideration. • Quotes should be emailed with the request number and description. • Quote to include delivery and installation fees. • Supplier to provide a Certificate of completion/readiness to use the facilities. • It is a requirement that a copy of a valid tax clearance certificate should be submitted with the quote (Applicable to quotes greater than R 100 000). • Proposals which are incomplete and without supporting documents will be rejected.
Closing time and date:	Friday, 11 June 2021

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PLEASE COMPLETE THE FOLLOWING PARTICULARS IN FULL
(FAILURE TO DO SO WILL RESULT IN YOUR PROPOSAL BEING DISQUALIFIED)

NAME OF SUPPLIER: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

E-MAILADDRESS: _____

VATREGISTRATIONNUMBER: _____

POSTAL ADDRESS: _____

STREETADDRESS: _____

HAS AN ORIGINAL AND VALID TAX CLEARANCE CERTIFICATE BEEN SUBMITTED?
[YES] or [NO]

SIGNATUREOFAPPLICANT: _____

DATE: _____

TOTAL NUMBER OF ITEMS OFFERED: _____

TOTAL PRICE FOR THE ITEMS: _____

(A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE)

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? YES or NO..... [IF YES ENCLOSE PROOF]

BANK CONFIRMATION: FILL IN BANKING DETAILS AND ATTACH BANK ACCOUNT CONFIRMATION LETTER

ACCOUNT NAME:

BANK:

ACC NO:

BRANCH CODE:

PLEASE ENSURE THE CORRECTNESS OF PAYMENT DETAILS

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GREEN CORRIDORS NPC

DECLARATION OF INTEREST

- 1. Full Name of Supplier Representative:
2. Identity Number:
3. Company Position: (director, trustee, shareholder):
4. Company Registration Number:
5. Do you, or any person connected with the supplier, have any relationship (family, friend, other) with a person employed/contracted to Green Corridors / Go Durban Academy/Ethekwini Transport Authority and who may be involved with the evaluation and or adjudication of this bid? [YES] or [NO]

If so, please furnish particulars:

I, THE UNDERSIGNED (NAME):

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT GREEN CORRIDORS MAY REJECT THE PROPOSAL OR ACT AGAINST ME IN TERMS OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

Position

Name of Supplier Representative

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