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A Better Place for ALL

www.ndz.gov.za

ADDENDUM FOR A PANEL OF INTERNAL AUDIT (IA) SERVICE PROVIDERS
FOR A PERIOD OF 3 YEARS (36 MONTHS)
BID NO: MM-B048/24/25

Date: 07/05/2025

The addendum serves to clarify and correct the below information regarding this project:

1. On page 3 the ability and capability that is written on the advert for 80% is incorrect and the correct ability and capability is 60%. See corrected pages)
2. On page 34 Form of offer is not applicable (see attached correct pages)
3. On page 5 Compulsory document had the form of offer which is not applicable to this project. (See corrected compulsory document page)

PROJECT NAME	CONTRACT NO.	BRIEFING DATE	CLOSING DATE AND TIME
PANEL OF INTERNAL ADUIT (IA) SERVICE PROVIDERS FOR A PERIOD OF 3 YEARS (36 MONTHS)	MM-B048/24/25	29 th April 2025	21 st May 2025 @12h00

RECOMMENDED BY:

MISS N. HOLIWE
SCM MANAGER

APPROVED BY:

MR. N.C. VEZI
MUNICIPAL MANAGER

I acknowledge receipt of this Addendum No.1

Name:.....

Signature:.....

Date:.....

Name of Tenderer (Company Name):.....

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		Gender and Identity document or Drivers Licence
Company 100% owned by black South African youth	2.5	1.Summary of CSD reflecting 100% company owned by black (youth) Gender and Identity document or Drivers Licence.
Company 50% owned by South African with disability	2.5	2.Summary of CSD reflecting 50% owned by a black South African with (Disability), a proof of medical certificate and an Identity document or Drivers Licence
Total points for Price and SPECIFIC GOALS	100	

COMPULSORY BRIEFING OR DOCUMENTS AVAILABILITY

1. Bid Documents will be made available as indicated in the above table at Creighton Offices; the cost of bid document will be **R476-00 per document** which is non-refundable.

BID NAME	BID NO.	EVALUATION CRITERIA	COMPLUSORY BRIEFING	ABILITY AND CAPABILITY CRITERIA TO QUALIFY	PRE-ORDER DOCUMENTS DATE	CLOSING DATE
PANEL OF INTERNAL AUDIT SERVICE PROVIDERS FOR A PERIOD OF 3 YEARS (36 MONTHS)	MM-048/24/25	Mandatory Documents, Ability and Capacity and 20 points for specific goals	29 April 2025 @10:00am	60%	From 11 April 2025 to 18 April 2025 @15:00pm	21 st May 2025 @12:00am

An Electronic copy is available on our website (www.ndz.gov.za) and etender <https://www.etenders.gov.za/> for **FREE**.

N.B All Bidders who require printed documents from the municipality must pre-order them as specified on the table below. (Proof of payment must be emailed to mhlamvulm@ndz.gov.za before the cut-off-date and time)

Dr Nkosazana Dlamini Zuma Local Municipality Banking details:

Bank name: First National Bank

Account no: 62026224999

Reference no: Please use company name and contract number of the project

Brach code: 250655

NB: All SUPPLIERS are expected to join the meeting by 10:00am, NO SUPPLIER Will be allowed to join the meeting after 10:15am.

NB: Please be advised that only attendance register will be signed during the 1st session of briefing and Documents will be signed on site.

N.B: All bidders must have printed copies on the briefing date before the briefing session commence.

2. THE FOLLOWING ARE MANDATORY

- Valid tax clearance certificate or Tax Compliance Status PIN
- Submit proof that the bidders and its directors do not owe municipal services.
- Copy of a certificate of Company Registration with the Registrar of Companies and CC's (CK).
- Specific Goals supporting documents
- Form of offer N/A
- Certified copies of ID's.
- MDB 1, 4, 6.1, 8 and 9 fully completed
- Registration with CSD

3. BID ENQUIRIES

N.B: All enquiries must be in writing and be directed to the following emails:

mtintson@ndz.gov.za – Manager Internal Audit (Technical Enquiries)

holiwen@ndz.gov.za – SCM Manager (SCM related enquiries)

Dr Nkosazana Dlamini Zuma Municipality Tel No: (039) 833 1038

P O Box 62

Fax No.: (039) 833 1179

Creighton

3263

REQUEST FOR BIDS: PANEL OF INTERNAL AUDIT SERVICE PROVIDERS FOR A PERIOD OF 3 YEARS (36 MONTHS)

CERTIFICATES OF GOOD STANDING

The bidder shall attach to this page the following:

COMPULSORY DOCUMENTS	TICK
a) Proof of registration with CSD- starting with (MAAA)	
b) Joint Venture Agreement (if necessary)	
c) Form of offer fully completed N/A	
d) MBD 1,4,8 and 9 must be fully completed	
e) Briefing Register must be signed by the service provider	
f) Signed certificate of acknowledgement (NDZ stamped and signed by both service. Provider and a municipal official)	

NB: Failure to submit the above documents will render your Bid to be disqualified

DOCUMENTS TO BE SUBMITTED	TICK
a) Copies of CK Documents / Sole proprietary	
b) Valid Tax clearance certificate (with your pin number print and attach on the document Tax Clearance Certificate)	
<p>c) Submit proof that the bidder (Company) and its (directors) do not owe municipal services.</p> <p>-Attach updated municipal rates, water or electricity statement not in arrears for more than 90 days</p> <p>Or</p> <p>- Attach a valid lease agreement if the director is leasing offices and residential Property with a confirmation letter from the landlord confirming that the municipal rates and services are in order.</p> <p>Or</p> <p>- Attach exemption letter from the relevant municipality</p> <p>Or</p> <p>- Attach affidavit if the Municipal Account is under your parents or siblings and they are responsible for paying municipal rates (if the address is the same as yours) and attach the copy of the Municipal rates and services for the above mentioned.</p> <p>Or</p> <p>- Attach copy of a marriage certificate or affidavit and municipal account statement for rates and services, if Municipal account is under your spouse.</p>	
d) Certified copies of Identification documents of all members/directors of the entity	
e) N.B: Forms are obtained from our website : www.ndz.gov.za under SCM section must be fully completed and emailed to scmdatabase@ndz.gov.za	
f) MBD 6.1 must be fully completed	

REQUEST FOR BIDS: PANEL OF INTERNAL AUDIT SERVICE PROVIDERS FOR A PERIOD OF 3 YEARS (36 MONTHS)

EVALUATION CRITERIA

All Bids submitted will be evaluated on three categories:

- Compliance in submission of Mandatory documents
- Ability and Capability (technical content)
- Specific goals
- The point's breakdown is as indicated below:
- For Ability and Capability, the following criteria will be applicable and the maximum value of each criterion is indicated as below:

CRITERIA FOR Ability Capacity	Max. Points	Basis for Points Allocation	Verification Method
Relevant Experience in a similar Service Provider to have conducted a similar project	30	<ul style="list-style-type: none"> • 4 X completed similar projects in IA /Forensic/ Risk Management or Business Continuity Management in the public sector. • External Quality Assurance. • 10 years' experience • Bidder to submit order/appointment and letters of reference 	• Order/Appointment and Letter of references.
	20	<ul style="list-style-type: none"> • 3 X completed similar projects in IA /Forensic/ Risk Management or Business Continuity Management in the public sector. • External Quality Assurance, • 7 years' Experience. • Bidder to submit order/appointment and letters of reference 	• Order/Appointment and Letter of references.
	10	<ul style="list-style-type: none"> • 2 X completed similar projects in IA /Forensic/ Risk Management or Business Continuity Management in the public sector. • External Quality Assurance, • 5 years' experience • Bidder to submit order/appointment and letters of reference. 	• Order/Appointment and Letter of references.
Total Points			
KEY PERSONNEL	Max. Points	Years of Experience and Qualifications	Detailed CV and Qualifications
Team Leader with	30	<ul style="list-style-type: none"> • 15 years' experience and 	Attach CV and proof of

master's degree in Internal Auditing & Certified Internal Auditor		<ul style="list-style-type: none"> master's degree in Internal Auditing & Certified Internal Auditor A Certificate in Business Continuity Management Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	qualifications (Certified copies)
	20	<ul style="list-style-type: none"> 7 years' experience and master's degree in Internal Auditing & Certified Internal Auditor A Certificate in Business Continuity Management Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	Attach CV and proof of qualifications (Certified copies)
	10	<ul style="list-style-type: none"> 5 years' experience and master's degree in Internal Auditing & Certified Internal Auditor A Certificate in Business Continuity Management Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	Attach CV and proof of qualifications (Certified copies)
	0	<ul style="list-style-type: none"> less than 5 years' experience and no master's degree in Internal Auditing & not Certified Internal Auditor No Certificate in Business Continuity Management No Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	
Executors with degree in Internal Auditing	10	<ul style="list-style-type: none"> 5 years' experience and degree in Internal Auditing & Certified Internal Auditor Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	Attach CV and proof of qualifications (Certified copies)
	7	<ul style="list-style-type: none"> 3 years' experience and degree in Internal Auditing & Certified Internal Auditor Membership of the Institute of Internal Auditors, Institute 	Attach CV and proof of qualifications (Certified copies)

		of Risk Management South Africa	
	5	<ul style="list-style-type: none"> • 2 years' experience and degree in Internal Auditing & Certified Internal Auditor • Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	Attach CV and proof of qualifications (Certified copies)
	0	<ul style="list-style-type: none"> • less than 2 years' experience and no degree in Internal Auditing • No Certificate in Business Continuity Management • No Membership of the Institute of Internal Auditors, Institute of Risk Management South Africa 	Attach CV and proof of qualifications (Certified copies)
Total Points			
Approach and methodology	30	Clear, conceptually relevant and informative IA methodology with demonstration of knowledge of the subject, including the IA Competence Framework and Combined Assurance.	Proposal document
	20	Ambiguous IA methodology with no clear demonstration of knowledge of the subject with no a project plan	Proposal document
	0	No project methodology no demonstration of knowledge of the subject matter.	Proposal document
Total Points			

A qualifying threshold of 60% is required to proceed to price evaluation

AGREEMENTS AND CONTRACT DATA

Form of Offer and Acceptance

A: Offer

The Employer, identified in the Acceptance signature block, has solicited offers to enter into a Contract for the procurement of:

BIDNO: MM-B048/24/25

PANEL OF INTERNAL AUDIT SERVICE PROVIDERS FOR A PERIOD OF 3 YEARS.

The Tenderer, identified in the Offer signature block, has examined the documents listed in the Tender Data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of tender.

By the representative of the tenderer, deemed to be duly authorized, signing this apart of this form of offer and acceptance, the tenderer offers to perform all of the obligations and liabilities of the contractor under the contract including compliance with all its terms and conditions according to their true intent and meaning for an amount to be determined in accordance with the conditions of contract identified in the contract data.

THE OFFERED TOTAL PRICE INCLUSIVE OF VALUE ADDED TAX (VAT) IS

.....
.....
..... Rand (in words);

R (in figures),

This offer may be accepted by the employer by signing the Acceptance part of this Form of Offer and Acceptance and returning one copy of this document to the tenderer before the end of the period of validity stated in the tender data, whereupon the tenderer becomes the party named as the contractor in the conditions of contract identified in the contract data.

Signature:

Name: *(in capitals)*

Capacity of Signatory:

Name of Tenderer *(organisation):*

Address:
.....

Fax: Tel:.....

Witness:

Signature: Name:

Date: