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A Better Place for ALL

**ADDENDUM NO.2 FOR PROVISION FOR TELEPHONE MANAGEMENT SYSTEM (PBX) FOR A
PERIOD OF 3 YEARS
RE-ADVERT**

Date: 07/10/2026

This addendum serves to remove ICASA certificate from the Ability and Capability of a Technician (key personnel) and add it on Compulsory documents and sharing co-ordinates with service providers.

NB: See corrected information:

BID NAME	BID NO.	EVALUATION CRITERIA	CIDB GRADING	COMPLUSORY BRIEFING	ABILITY AND CAPABILITY CRITERIA TO QUALIFY	PRE-ORDER DOCUMENTS DATE	CLOSING DATE	EXTENDED CLOSING DATE
PROVISION FOR TELEPHONE MANAGEMENT SYSTEM (PBX) FOR A PERIOD OF 3 YEARS RE-ADVERT	CORP-B017/26/26	MANDATORY DOCUMENTS ABILITY AND CAPABILITY OF THE COMPANY AND 80/20 PRICE AND SPECIFIC GOALS	N/A	14 TH SEPTEMBER 2026 @ 10H00 IN CREIGHTON OFFICES	60%	FROM 04 TH SEPTEMBER 2026 TO 10 TH SEPTEMBER 2026 BY 15H00	06 TH OCTOBER 2026 @12H00	15 TH OCTOBER 2026@12H00

**PROVISION FOR TELEPHONE MANAGEMENT SYSTEM (PBX) FOR A PERIOD OF 3 YEARS
EVALUATION CRETERIA**

ABILITY AND CAPABILITY

- Relevant experience : 40 Points
- Key Personnel : 60 Points

Total points : 100 Points

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

For functionality, the following criteria will be applicable, and the maximum value of each criterion is indicated as below:

CRITERIA FOR FUNCTIONALITY	Max. Points	Basis for Points Allocation	Verification Method
Relevant Experience in a similar: Service Provider to have conducted a similar project	40	5 X Completed similar projects in provision of telephone management services.	Letter references. of
	30	4 X Completed similar projects in provision of telephone management services.	Letter references. of
	20	3 X Completed similar projects in provision of telephone management services.	Letter references. of
	10	2 X Completed similar projects in provision of telephone management services.	Letter references. of
	5	1 X Completed similar projects in provision of telephone management services.	Letter references. of

KEY PERSONNEL	Max. Points	Years of Experience and Qualifications	Detailed CV and Qualifications
Team Leader:	30	5 years' experience and must have a NQF Level 7 qualification in ICT and Project Management Certificate	Attach CV and proof of certified qualifications
	20	3 years' experience and must have a NQF Level 7 qualification in ICT and Project Management Certificate	Attach CV and proof of certified qualifications
	10	2 years' experience and must have a NQF Level 7 qualification in ICT and Project Management Certificate	Attach CV and proof of certified qualifications.
Technician	30	5 years' experience and must have 1.N+ 2. CCNA or CCNP	Attach CV and proof of qualifications in 1.N+ 2. CCNA or CCNP
	20	3 years' experience and must have 1.N+ 2. CCNA or CCNP	Attach CV and proof of qualifications in 1.N+ 2. CCNA or CCNP
	10	2 years' experience and must have 1.N+ 2. CCNA or CCNP	Attach CV and proof of qualifications in 1.N+ 2. CCNA or CCNP

COMPULSORY DOCUMENTS

PROVISION FOR TELEPHONE MANAGEMENT SYSTEM (PBX) FOR A PERIOD OF 3 YEARS

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) N.B Service provider to attach CIPC and CSD document the following MBD forms are compulsory and must be fully completed MBD1,4,8 and 9	
c) Form of offer fully completed	
d) MBD 1,4,8 and 9 must be fully completed	
e) Briefing register must be signed by service provider	
f) Submit proof of ICASA certificate for the Company	

g) Signed certificate of acknowledgement (NDZ stamped and signed by both service provider and municipal official)	
h) Submit proof that the bidder (Company) and its (directors) do not owe municipal services. -Attach updated municipal rates, water or electricity statement not in arrears for more than 90 days Or - 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. Or - Attach exemption letter from the relevant municipality Or - 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. Or Attach copy of a marriage certificate or affidavit and municipal account statement for rates and services, if Municipal account is under your spouse.	

NB: Failure to submit the above documents will render your quotation 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)		
c) Certified copies of Identification documents of all members/directors of the entity		
d) N.B: Digital Forms are obtained from our website: www.ndz.gov.za under SCM section must be fully completed.		
e) MBD 6.1 must be fully completed		
f) Specific Goals supporting documents:		
Company operating within the Jurisdiction Dr NDZ LM	CIPC Document reflecting NDZ company physical Address	
Company operating within the jurisdiction of Harry Gwala District Municipality	CIPC Document reflecting Harry Gwala District Municipality company physical Address	
Company operating within the jurisdiction of KwaZulu-Natal Province	CIPC Document reflecting KwaZulu-Natal Province	

		company physical Address	
	Company operating outside of KwaZulu Natal Province	CIPC Document reflecting outside of KwaZulu Natal Province company physical Address	
	Company 100% owned by black South African	Summary of CSD reflecting Race	
	Company 60% owned by black South African women	1.Summary of CSD reflecting 60% company owned by black (Women) Gender	
	Company 100% owned by black South African youth	1.Summary of CSD reflecting 100% company owned by black (youth) Gender.	
	Company 60% owned by South African with disability	2.Summary of CSD reflecting 60% owned by a black South African with (Disability), a proof of medical certificate.	

CO-ORDINATES

29°45'1" S 29°30'43" E **Himeville office**

29°44'33" S 29°31'14" E **Himeville animal pound**

29°47'37" S 29°29'49" E **Underberg library**

29°47'48" S 29°29'60" E **Underberg tourism office**

29°47'55" S 29°46'7" E **Bulwer emergency service centre**

29°48'37" S 29°46'8" E **Bulwer library**

29°48'40" S 29°46'20" E **Bulwer community service centre**

30°1'44" S 29°50'28" E **Creighton DLTC**

30°1'59" S 29°50'12" E **Creighton animal pound**

30°2'5" S 29°50'11" E **Creighton registry**

30°1'39" S 29°50'16" E **Creighton library**

30°1'44" S 29°50'13" E **Creighton main office**

29°52'23"S 29°47'56"E **Nkwezela Modular Library**

29,75663° S, 29,50759° E **Himeville (New Fire Station)**

29,59294° S, 29,58336° E **Stepmore (New Fire Station in ward 1)**

29°50'22.8"S 29°53'36.7"E **Fire Station in ward 12 Mphithini**

RECOMMENDED BY:



**MISS N.HOLIWE
SCM MANAGER**

APPROVED BY:



**MR. NC Vezi
MUNICIPAL MANAGER**

I acknowledge receipt of this Addendum No.2

Name:.....

Signature:.....

Date:.....