

|                                                                                                                                                                                                                           |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BID DESCRIPTION: REQUEST FOR PROPOSAL: APPOINTMENT OF A SERVICE PROVIDER FOR A NATIONAL EMPLOYEE WELLNESS PROGRAMME (EWP) AND ADHOC OCCUPATIONAL HEALTH (OH) SERVICES REQUIRED BY PRASA FOR A PERIOD OF 36 MONTHS.</b> |  <b>prasa</b><br><small>PASSENGER RAIL AGENCY OF SOUTH AFRICA</small> |
| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                                                                                          |

Annexure 4

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## FORM A: INVITATION TO BID

### FORM A

| YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE - PRASA                                     |                                                                                                                                                                                                   |               |                |               |       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------|-------|
| BID NUMBER:                                                                                       | HO/HCM<br>/424/06/2026                                                                                                                                                                            | CLOSING DATE: | 14 AUGUST 2026 | CLOSING TIME: | 12:00 |
| DESCRIPTION                                                                                       | REQUEST FOR PROPOSAL: APPOINTMENT OF A SERVICE PROVIDER FOR A NATIONAL EMPLOYEE WELLNESS PROGRAMME (EWP) AND ADHOC OCCUPATIONAL HEALTH (OH) SERVICES REQUIRED BY PRASA FOR A PERIOD OF 36 MONTHS. |               |                |               |       |
| <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).</b> |                                                                                                                                                                                                   |               |                |               |       |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE<br>BID BOX SITUATED AT (STREET ADDRESS)            |                                                                                                                                                                                                   |               |                |               |       |
| 30 WOLMARANS STREET                                                                               |                                                                                                                                                                                                   |               |                |               |       |
| UMJANTSHI HOUSE                                                                                   |                                                                                                                                                                                                   |               |                |               |       |
| BRAAMFONTEIN                                                                                      |                                                                                                                                                                                                   |               |                |               |       |
| 0001                                                                                              |                                                                                                                                                                                                   |               |                |               |       |
| SUPPLIER INFORMATION                                                                              |                                                                                                                                                                                                   |               |                |               |       |
| NAME OF BIDDER                                                                                    |                                                                                                                                                                                                   |               |                |               |       |
| POSTAL ADDRESS                                                                                    |                                                                                                                                                                                                   |               |                |               |       |
| STREET ADDRESS                                                                                    |                                                                                                                                                                                                   |               |                |               |       |
| TELEPHONE NUMBER                                                                                  | CODE                                                                                                                                                                                              |               | NUMBER         |               |       |
| CELLPHONE NUMBER                                                                                  |                                                                                                                                                                                                   |               |                |               |       |
| FACSIMILE NUMBER                                                                                  | CODE                                                                                                                                                                                              |               | NUMBER         |               |       |
| E-MAIL ADDRESS                                                                                    |                                                                                                                                                                                                   |               |                |               |       |
| VAT REGISTRATION NUMBER                                                                           |                                                                                                                                                                                                   |               |                |               |       |
|                                                                                                   | TCS PIN:                                                                                                                                                                                          |               | OR             | CSD No:       |       |

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|                                                                                                                                        |                                                                                             |                                                                                        |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <p>ARE YOU THE ACCREDITED REPRESENTATIVE <b>IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?</b></p>                            | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>[IF YES ENCLOSE PROOF]</p> | <p>ARE YOU A FOREIGN BASED SUPPLIER FOR <b>THE GOODS /SERVICES /WORKS OFFERED?</b></p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>[IF YES ANSWER PART B:3 BELOW ]</p> |
| <p><b>SIGNATURE OF BIDDER</b></p>                                                                                                      | <p>.....</p>                                                                                | <p><b>DATE</b></p>                                                                     |                                                                                                      |
| <p><b>CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.)</b></p> |                                                                                             |                                                                                        |                                                                                                      |

|                                                                                                                                                                                                                           |                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                                                                                              |

With effect from **14 July 2026** the tender documents can be downloaded on National Treasury e-tender website: <https://www.etenders.gov.za>.

1. A compulsory tender briefing meeting with bidders will take place at

**VENUE:** Umjantshi House  
30 Wolmarans Street, Braamfontein  
Johannesburg

**TIME:** 10:00

**DATE:** 24 July 2026

2. Arrangements can be made to make bids available before closing date provided that the prospective bidder has attended the compulsory briefing meeting.

- Bidders failing to attend the compulsory tender briefing session will be disqualified.

**Tender No:** HO/HCM /424/06/2026

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I/We declare that I/We have read the above-mentioned notice and that it is understood by me/us.

Signed at \_\_\_\_\_ on this \_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_.

**BIDDER : Signature**\_\_\_\_\_

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## FORM B: TERMS AND CONDITIONS FOR BIDDING

### 1. BID SUBMISSION:

- 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR ONLINE
- 1.3. BIDDERS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (CSD) TO UPLOAD MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS; AND BANKING INFORMATION FOR VERIFICATION PURPOSES).
- 1.4. WHERE A BIDDER IS NOT REGISTERED ON THE CSD, MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS MAY NOT BE SUBMITTED WITH THE BID DOCUMENTATION.

THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER LEGISLATION OR SPECIAL CONDITIONS OF CONTRACT.

### 2. TAX COMPLIANCE REQUIREMENTS

- 2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
- 2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE [WWW.SARS.GOV.ZA](http://WWW.SARS.GOV.ZA).
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS TOGETHER WITH THE BID.
- 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE PROOF OF TCS / PIN / CSD NUMBER.
- 2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.

### 3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

- 3.1. IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? ☐ YES ☐ NO
- 3.2. DOES THE BIDDER HAVE A BRANCH IN THE RSA? ☐ YES ☐ NO
- 3.3. DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE R ☐ YES ☐ NO
- 3.4. DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RS ☐ YES ☐ NO

**IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN, IT IS NOT A REQUIREMENT TO OBTAIN A TAX COMPLIANCE STATUS / TAX COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.**

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.**

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**FORM D: SITE INSPECTION / PRE-TENDER BRIEFING SESSION (COMPULSORY)**

|                       |                                                                                                                                                                                                          |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Request number:       | HO/HCM /424/06/2026                                                                                                                                                                                      |
| Request for Proposal: | <b>REQUEST FOR PROPOSAL: APPOINTMENT OF A SERVICE PROVIDER FOR A NATIONAL EMPLOYEE WELLNESS PROGRAMME (EWP) AND ADHOC OCCUPATIONAL HEALTH (OH) SERVICES REQUIRED BY PRASA FOR A PERIOD OF 36 MONTHS.</b> |

**Attendance**

This is to certify that(Company)\_\_\_\_\_ has / have today attended the site inspection / tender briefing session to which this enquiry relates.

THUS DONE and SIGNED at Umjantshi House on this \_\_\_\_\_ day of

\_\_\_\_\_

for / on behalf of PRASA

\_\_\_\_\_ Designation

**Acknowledgement**

This is to certify that the Bidder has / have acquainted himself / themselves with the Contract, Project Specification / Special Conditions, Specifications and / or Bills of Quantities / Schedule of Quantities / Schedule of Prices, together with the drawings enumerated therein, as laid down by the PRASA for the carrying out of the proposed WORKS to which the enquiry relates

THUS DONE and SIGNED at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_

DULY AUTHORISED SIGNATORY(IES)

WITNESSES

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                                                                                             |

## FORM E: STATEMENT OF SERVICES SUCCESSFULLY CARRIED OUT BY BIDDER

### CURRENT TENDER DETAILS

|                 |                                                                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Request number: | HO/HCM /424/06/2026                                                                                                                                                                                      |
| Request for:    | <b>REQUEST FOR PROPOSAL: APPOINTMENT OF A SERVICE PROVIDER FOR A NATIONAL EMPLOYEE WELLNESS PROGRAMME (EWP) AND ADHOC OCCUPATIONAL HEALTH (OH) SERVICES REQUIRED BY PRASA FOR A PERIOD OF 36 MONTHS.</b> |

### Bidders must state particulars of the works successfully carried out

| CLIENT | TEL. NUMBER | NATURE OF SERVICES | VALUE OF SERVICES FOR WHICH BIDDER WAS DIRECTLY RESPONSIBLE | CONTRACT/ PROJECT PERIOD |
|--------|-------------|--------------------|-------------------------------------------------------------|--------------------------|
|        |             |                    |                                                             |                          |
|        |             |                    |                                                             |                          |
|        |             |                    |                                                             |                          |
|        |             |                    |                                                             |                          |
|        |             |                    |                                                             |                          |
|        |             |                    |                                                             |                          |
|        |             |                    |                                                             |                          |

If the space provided above is insufficient for all the information, Bidder should furnish the information separately.

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## FORM F: SECURITY SCREENING FORM

I/We the under-signed in my/our capacity as indicated below hereby declare that I/we do not have previous conviction/s or civil Judgment/s registered against my/our name/s. I further confirm that there is no criminal or civil proceeding pending or being instituted against me or the Institution. I also declare that there are no Criminal Investigations pending against me or the Institution.

### SECTION 1

\*to be completed by the Bidder (Compulsory)

|                                          |                                                |
|------------------------------------------|------------------------------------------------|
| <b>Name of Company/Trust/Partnership</b> | <b>Registration number of Company/Trust No</b> |
| <b>Physical Address</b>                  | <b>Vat Registration Number</b>                 |
| <b>Name of Auditing Firm</b>             | <b>Previous Name/s of Company</b>              |
| <b>Contact no. (Land line)</b>           |                                                |
| <b>Name of Holding Company if any</b>    | <b>Tender Number</b>                           |
| <b>Tax Number/PIN Number</b>             |                                                |
|                                          | <b>Banking Details</b>                         |
|                                          | Bank Name:                                     |
|                                          | Acc Number:                                    |
|                                          | Acc Holder:                                    |
|                                          | Branch Name:                                   |
|                                          | Branch Code:                                   |

### SECTION 2

| Directors'/Trustees'/Partners' or Principals' Details |                 |                     |        |
|-------------------------------------------------------|-----------------|---------------------|--------|
| Name & Surname                                        | Identity Number | Date of Appointment | Shares |
| 1.                                                    |                 |                     |        |
| 2.                                                    |                 |                     |        |
| 3.                                                    |                 |                     |        |
| 4.                                                    |                 |                     |        |

\*If the company has more than five directors/principals a list of all shareholders must be appended as Annexure "A"

### SECTION 3 Only applicable for the Security Providers

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <b>Name of Company/Trust/Partnership</b> | <b>PSIRA Registration Number</b> |
|                                          |                                  |

Please attach a letter of GOOD STANDING from PSIRA

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#### SECTION 4

##### **Declaration of all Judgments (Directors & Company) and Outstanding Debt**

| Director / Company | Reason for Judgment | Date of Judgment | Nature of Debt | Amount |
|--------------------|---------------------|------------------|----------------|--------|
| 1.                 |                     |                  |                |        |
| 2.                 |                     |                  |                |        |
| 3.                 |                     |                  |                |        |

**\*If more than five incidents are listed, attach a list as annexure "C"**

#### SECTION 5

I / We the under-mentioned in my / our capacity as indicated hereby declare that I am / we are not insolvent nor have been liquidated or any steps in this regard have been taken or are pending against me / us. I /We further declare that I/We have not been part of an entity which was liquidated in the last 5 years.

| Full Name(s) | ID Number | Capacity | Signature |
|--------------|-----------|----------|-----------|
| 1.           |           |          |           |
| 2.           |           |          |           |
| 3.           |           |          |           |

#### SECTION 6

##### **DECLARATION AND ACKNOWLEDGEMENT OF CONSENT**

I .....Declare that the information provided above is true and correct. I also consent that a security screening be conducted on the company/trust or partnership and directors.

Contact Person:.....

Tel no. ....

\_\_\_\_\_  
BIDDER'S DULY AUTHORISED SIGNATORY

\_\_\_\_\_  
Date

|                                                                                                                                                                                                                           |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
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**FORM- G: ACKNOWLEDGMENT**

I / We, as duly authorised to sign on behalf of the Tenderer, hereby certify that the information provided is true and correct. If information is found to be incorrect, PRASA may in addition to other remedies; blacklist the supplier in question, circulate and publicise the nature of the contravention to all potential users of the supplier (both in the public and private sectors).

|                                                             |                                |    |           |
|-------------------------------------------------------------|--------------------------------|----|-----------|
| THUS DONE and SIGNED at _____<br>on this _____ day of _____ |                                |    |           |
|                                                             | DULY AUTHORISED SIGNATORY(IES) |    | WITNESSES |
| 1.                                                          | _____                          | 1. | _____     |
| 2.                                                          | _____                          | 2. | _____     |
| 3.                                                          | _____                          | 3. | _____     |

**SBD4**

## **BIDDER'S DISCLOSURE**

### **1. PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

### **2. Bidder's declaration**

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

| <b>Full Name</b> | <b>Identity Number</b> | <b>Name of State institution</b> |
|------------------|------------------------|----------------------------------|
|                  |                        |                                  |
|                  |                        |                                  |
|                  |                        |                                  |
|                  |                        |                                  |
|                  |                        |                                  |
|                  |                        |                                  |
|                  |                        |                                  |

<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

|                                                                                                                                                                                                                           |  |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|
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|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

2.2

Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....  
 .....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract?  
**YES/NO**

2.3.1 If so, furnish particulars:

.....  
 .....

**3 DECLARATION**

I, the undersigned, (name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the

<sup>2</sup> Joint venture or Consortium 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.

|                                                                                                                                                                                                                           |                                                                                     |
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bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

|           |                |
|-----------|----------------|
| .....     | .....          |
| Signature | Date           |
| .....     | .....          |
| Position  | Name of bidder |

|                                                                                                                                                                                                                           |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                                                                                                 |

## SBD 6.1

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

#### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to invitations to tender:
- the 80/20 system for requirements with a Rand value below or R50 000 000 (all applicable taxes included).

#### 1.2 To be completed by the organ of state

The applicable preference point system for this tender is the 80/20 preference point system.

- 1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

#### 1.4 To be completed by the organ of state:

The maximum points for this tender are allocated as follows:

|                                                  | POINTS     |
|--------------------------------------------------|------------|
| <b>PRICE</b>                                     | 80         |
| <b>SPECIFIC GOALS</b>                            | 20         |
| <b>Total points for Price and Specific Goals</b> | <b>100</b> |

- 1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.
- 1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

|                                                                                                                                                                                                                           |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>BID DESCRIPTION: REQUEST FOR PROPOSAL: APPOINTMENT OF A SERVICE PROVIDER FOR A NATIONAL EMPLOYEE WELLNESS PROGRAMME (EWP) AND ADHOC OCCUPATIONAL HEALTH (OH) SERVICES REQUIRED BY PRASA FOR A PERIOD OF 36 MONTHS.</b> |  |
| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                     |

## 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

**80/20**

$$Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

## 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

***Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)***

**BID DESCRIPTION: REQUEST FOR PROPOSAL: APPOINTMENT OF A SERVICE PROVIDER FOR A NATIONAL EMPLOYEE WELLNESS PROGRAMME (EWP) AND ADHOC OCCUPATIONAL HEALTH (OH) SERVICES REQUIRED BY PRASA FOR A PERIOD OF 36 MONTHS.**



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| <b>THE SPECIFIC GOALS ALLOCATED POINTS IN TERMS OF THIS TENDER</b>         | <b>NUMBER OF POINTS ALLOCATED (80/20 SYSTEM) (TO BE COMPLETED BY THE ORGAN OF STATE)</b> | <b>NUMBER OF POINTS CLAIMED. (80/20 SYSTEM) (TO BE COMPLETED BY THE TENDERER)</b> | <b>SUPPORTING EVIDENCE TO BE PROVIDED BY THE TENDERER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Entities with a B-BBEE contributor status level of at least level 2</b> | <b>4</b>                                                                                 |                                                                                   | BEE Certificate not limited to SANAS approved/ Affidavit (in case of JV, a consolidated scorecard will be accepted)                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Black Women Owned Companies (at least 51%)</b>                          | <b>4</b>                                                                                 |                                                                                   | Certified copy of ID Documents of the Owners and CIPC documents                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Black Youth Owned Companies (at least 51%)</b>                          | <b>4</b>                                                                                 |                                                                                   | Certified copy of ID Documents of the Owners and CIPC documents                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Black People with Disabilities Owned companies (at least 51%)</b>       | <b>4</b>                                                                                 |                                                                                   | <p>Certified copy of ID Documents of the Owners and Doctor's note confirming the disability. The Doctors note must at minimum include the following details:</p> <ul style="list-style-type: none"> <li>• Doctors Practice Number;</li> <li>• Doctors contact details;</li> <li>• Practice Number of the Doctor;</li> <li>• Location of the Practice;</li> <li>• Must be on the Doctors letterhead or have a doctors stamp;</li> <li>• Confirmation of the patients ID and that the patient has a disability.</li> </ul> |

|                                                                                                                                                                                                                           |                                                                                     |
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| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                     |

|                                                                      |           |  |                                                                                                                                  |
|----------------------------------------------------------------------|-----------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Black People Military Veterans Owned Companies (at least 51%)</b> | <b>4</b>  |  | <ul style="list-style-type: none"> <li>• Certified copy of ID Documents of the Owners and Military ID number/document</li> </ul> |
| <b>TOTAL</b>                                                         | <b>20</b> |  |                                                                                                                                  |

#### DECLARATION WITH REGARD TO COMPANY/FIRM

4.2. Name of company/firm.....

4.3. Company registration number: .....

4.4. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
  - ☐ One-person business/sole propriety
  - ☐ Close corporation
  - ☐ Public Company
  - ☐ Personal Liability Company
  - ☐ (Pty) Limited
  - ☐ Non-Profit Company
  - ☐ State Owned Company
- [TICK APPLICABLE BOX]

4.5. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
  - (a) disqualify the person from the tendering process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such

|                                                                                                                                                                                                                           |                                                                                     |
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| <b>TENDER NUMBER: HO/HCM /424/06/2026</b>                                                                                                                                                                                 |                                                                                     |

- cancellation;
- (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution, if deemed necessary.

|                                                        |       |
|--------------------------------------------------------|-------|
| <p>.....</p> <p><b>SIGNATURE(S) OF TENDERER(S)</b></p> |       |
| <b>SURNAME AND NAME:</b>                               | ..... |
| <b>DATE:</b>                                           | ..... |
| <b>ADDRESS:</b>                                        | ..... |
|                                                        | ..... |
|                                                        | ..... |