**SCHEDULE "C" DECLARATION OF INTEREST TRANSNET SOC Ltd**

**REQUEST FOR QUALIFICATIONS ESTABLISHMENT OF A ROLLING STOCK LEASING COMPANY**

NAME OF ENTITY:

We/I [insert full name]

representing the above-named Participant do hereby certify that:

**PART I: DECLARATION OF INTEREST REGARDING TRANSNET**

1. At no stage has the Participant received additional information relating to the subject matter of this RFQ from Transnet sources, other than information formally received from the designated Transnet contact(s) as nominated in the RFQ documents;
2. The Participant has complied with all obligations which apply to Bidders as indicated in the Transnet Supplier Integrity Pact (available on the Transnet website) which includes but are not limited to ensuring that the Participant takes all measures necessary to prevent corrupt practices, unfairness and illegal activities in order to secure or in furtherance to secure a contract with Transnet;
3. We declare that a family, business and/or social relationship **exists / does not exist** [delete as applicable] between an owner / member / director / partner / shareholder / employee of the Participant and a board member of Transnet or any employee of Transnet who may be involved in the evaluation and/or adjudication of this Submission;
4. We declare that an owner / member / director / partner / shareholder / employee of the Participant

**is / is not** [delete as applicable] an employee or board member of Transnet;

1. In addition, we declare that an owner / member / director / partner / shareholder / employee of the Participant **has / has not been** [delete as applicable] an employee or board member of Transnet in the past 10 years. We further declare that if they were a former employee or board member of Transnet in the past 10 years, they **were/were not** involved in the bid preparation or had access to the information related to this RFQ; and
2. If such a relationship as indicated in paragraph 3, 4 and/or 5 above exists, the Participant is to complete the following section:

|  |  |
| --- | --- |
| FULL NAME AND POSITION IN THE PARTICIPANT, OF OWNER / MEMBER  / DIRECTOR / PARTNER  /  SHAREHOLDER / EMPLOYEE | NATURE OF RELATIONSHIP WITH TRANSNET (AND RELEVANT TIME- PERIOD IF FORMER EMPLOYEE OR BOARD MEMBER) |
|  |  |
|  |  |
|  |  |

1. We declare, to the extent that we are aware or become aware of any relationship between ourselves and Transnet [other than any existing and appropriate business relationship with Transnet] which could unfairly advantage our entity in the forthcoming adjudication process, we shall notify Transnet immediately in writing of such circumstances.
2. We acknowledge and accept that the failure to furnish complete and accurate information in this declaration will lead to the disqualification of the relevant Submission and may preclude a Participant from doing future business with Transnet. Information provided in this declaration may be used by Transnet and/or its affiliates to verify the correctness of the information provided.

|  |  |  |
| --- | --- | --- |
| For and on behalf of |  | AS WITNESS: |
| duly authorised hereto |
| Name: | | Name: |
| Position: | | Position: |
| Signature: | | Signature: |
| Date: | | Registration No of Company/CC |
| Place: | | Registration Name of Company/CC |

**PART II: DECLARATION OF INTEREST REGARDING PERSONS EMPLOYED BY THE STATE (SBD4)**

1. Any legal person, including persons employed by the state2, 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 a price quotation, advertised competitive bid, limited bid or proposal). 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.

1. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**
   1. Full Name of bidder or his or her representative………………………………………….
   2. Identity Number: ……………………………………………………………………………
   3. Position occupied in the Company (director, trustee,

shareholder3):……………………………………………………………………………….

* 1. Company Registration Number:..…………………………………………………..…….

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* 1. Tax Reference Number:…………………………………………………………………...

2 “State” means –

1. 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);
2. any municipality or municipal entity;
3. provincial legislature;
4. national Assembly or the national Council of provinces; or
5. Parliament.
   1. VAT Registration Number: ………………………………………………………............
      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 in paragraph 3 below.
   2. Are you or any person connected with the bidder **YES / NO**

presently employed by the state?

* + 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:

………………………………………………………………

………………………………………………………………

………………………………………………………………

* + 1. If you are presently employed by the state, did you obtain **YES / NO**

the appropriate authority to undertake remunerative work outside employment in the public sector?

* + - 1. If yes, did you attached proof of such authority to the bid **YES / NO**

document?

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

* + - 1. If no, furnish reasons for non-submission of such proof:

……………………………………………………………………

……………………………………………………………………

* 1. Did you or your spouse, or any of the company’s directors / **YES / NO**

trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

* + 1. If so, furnish particulars:

**…………………………………………………………………..**

**…………………………………………………………………..**

**…………………………………………………………………..**

* 1. Do you, or any person connected with the bidder, have **YES / NO**

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?

* + 1. If so, furnish particulars.

**……………………………………………………………...**

**…………………………………………………………..….**

**………………………………………………………………**

* 1. Are you, or any person connected with the bidder, **YES/NO**

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?

* + 1. If so, furnish particulars.

**………………………………………………………………**

**………………………………………………………………**

**………………………………………………………………**

* 1. Do you or any of the directors / trustees / shareholders / members **YES/NO**

of the company have any interest in any other Related companies whether or not they are bidding for this contract?

* + 1. If so, furnish particulars:

…………………………………………………………………………….

…………………………………………………………………………….

…………………………………………………………………………….

1. **FULL DETAILS OF DIRECTORS / TRUSTEES / MEMBERS / SHAREHOLDERS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Identity Number** | **Personal Tax Reference Number** | **State Employee Number / Persal Number (where applicable)** |
|  |  |  |  |
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| --- | --- | --- | --- |
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1. **DECLARATION**

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 IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

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

END