



# **GOVERNING BODY UITSIG HIGH SCHOOL**

47 MARQUARD STREET  
P O BOX 3200, THE REEDS, 0158  
TEL. (012) 661 5525 – FAX (012) 661 8242  
E-MAIL: [hsuitsig@mweb.co.za](mailto:hsuitsig@mweb.co.za)

**RFP NAME: SECURITY GUARDING SERVICES**

**RFP REFERENCE: UITSIG001/2024**

**CLOSING DATE: 31 MAY 2024**

**CLOSING TIME: 12:00**



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## TENDER APPLICATION FORM SECURITY GUARDING SERVICES

### 1. DETAILS OF SERVICE PROVIDER

#### 1.1 INDIVIDUALS

SURNAME: \_\_\_\_\_

FULL NAMES: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: O/H: \_\_\_\_\_ A/H: \_\_\_\_\_

#### 1.2 JURIDICAL PERSON (COMPANY, CC, ETC.)

REGISTERED NAME: \_\_\_\_\_

COMPANY REGISTRATION NUMBER: \_\_\_\_\_

NAME OF EXECUTIVE DIRECTOR/MEMBER: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS OF BUSINESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

TELEPHONE: O/H: \_\_\_\_\_ A/H: \_\_\_\_\_



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## **2. BACKGROUND INFORMATION REGARDING YOUR COMPANY**

- 2.1 Please indicate your years of operation in this field as per the tender requirements. A *company profile* could also be attached.

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- 2.2 Are there any additional information regarding the service delivery of your company which you want to bring to the attention of the Governing Body?

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## 3. PRICING STRUCTURE

3.1 Please indicate the pricing structure for services relating to this tender. *Refer to "Request for Proposal" document for more detail. The total amount must include VAT. Refer to the attachment in this table should you prefer a more detailed option.*

DESCRIPTION	COST/RATE PER DAY SHIFT GUARD

## 4. PRACTICAL BUSINESS MATTERS

### 4.1 OPERATING HOURS

4.1.1 The services required by a security guarding company is from Monday to Friday, day shifts only from 06:00 – 18:00. *Please indicate any additional services in addition to the services rendered as per the RFP.*

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<b>5. RELEVANT EXPERIENCE AND INFRASTRUCTURE</b>
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5.1 Delivering of security guarding services is a specialised area. Kindly indicate the qualifications and registrations of your management team and guards that will be deployed at our school.

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5.2 Regarding your service delivery, kindly indicate the equipment supplied to your guards by your company?

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5.3 Indicate your action plan should your guard/s not report for duty on a specific day?

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5.4 Indicate method of performance review, monitoring and reporting structure pertaining to your guards.

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5.5 List any training within a school environment.

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<b>6. GENERAL</b>
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6.1 Is there any further information you wish to bring to the attention of the Governing Body regarding this application? \_\_\_\_\_

If so, please describe.

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I declare that the information furnished herein is to the best of my knowledge true and correct.

\_\_\_\_\_  
**APPLICANT NAME & SURNAME**

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**APPLICANT DESIGNATION**

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**APPLICANT SIGNATURE**