**Annexure A15 – SUB-CONTRACTING TEMPLATE**

**Tenderer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref No: PT2020/15**

**Any portion of the work that will be sub-contracted must be indicated as follows:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of service provider to be sub-contracted:** |  | | | | |
| **Company Registration Number** |  | | | | |
| **B-BBEE status:** | **Level:** \_\_\_\_\_\_\_\_\_\_\_\_  **Expiry Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **SARS Clearance Expiry Date:** | |  |
| **% To Be Subcontracted** | \_\_\_\_\_\_\_\_\_ % | **Portion of work to be sub-Contracted:**  **(Brief Description)** | |  | |

|  |  |  |
| --- | --- | --- |
|  | **Declaration: Upon signature of this declaration, the Contractor declares that all information submitted in this worksheet is true and correct and further acknowledges and understands that UNISA reserves the right, acting in its sole and absolute discretion, to disqualify the Contractor and this Response should any information be misrepresented herein. If Not Signed, the document is Not Valid** | **Tenderer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed Date** |
| **Sub-contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed Date** |

**Note: Annexure A9 must be completed in full and the following documents of the sub-contracting service provider must be attached to this document:**

* **Copy of Valid SARS Certificate/ PIN,**
* **Company Registration Document (CIPC) and**
* **Valid B-BBEE Certificate/Sworn Affidavit**