

REQUEST FOR QUOTATION FOR GOODS AND SERVICES



PM

**ONDERSTEPSPOORT BIOLOGICAL PRODUCTS LTD
PRIVATE BAG X7, ONDERSTEPSPOORT 0110**

From: Supply Chain Department
Date: Nov 26 2025
Tel: 012 522 1500
Fax: N/A
Email: purchasing@obpvaccines.co.za

To:
Supplier:
Tel:
Fax:
Email:

Kindly provide the quotation for the following: RFQ/OBP272/2025/26

Compulsory Document Requirements	Yes/No
<p>SOUTH AFRICAN BIDDERS: Must be registered on CSD (active status) and provide a CSD report not older than 2 months (using the RFQ closing date).</p>	
<p>INTERNATIONAL BIDDERS: Wishing to bid must request an SBD 1 from the Procurement department (purchasing@obpvaccines.co.za) document to accompany with bid application.</p>	
<p>Provide proof of previous supply for service being requested or similar in the past 24 months (stamped Invoices or delivery note or reference letters). must be a minimum of 2</p>	
<p>SBD4 Bidders Disclosure - All suppliers MUST Complete, sign & submit the SBD4 declaration with their bid application.</p>	

Evaluation of Price and Preference

All Bids will be evaluated on a points system based on weighted average score for Price and Preference as per Preferential Procurement Framework Act of 2000 (Act 5 of 2000).

Preference Point allocation – 80/20

Price / Preference	Weighting percentage
Preference:	20%
Price:	80 %
Total must equal:	100%

OBP Onderstepoort Biological Products will award preference points as follows: Specific Goal	Points	Evidence required	Yes/No

Historically disadvantaged by unfair discrimination on the basis of Race	10	A valid BBBEE Certificate showing at least 51% black ownership	
Historically disadvantaged by unfair discrimination on the basis of Gender (women)	8	A valid BBBEE Certificate showing at least 30% women ownership	
Historically disadvantaged by unfair discrimination on the basis of disability	2	A doctor's note confirming disability, confirmation of disability from the Department of Labour, BEE certificate or equivalent confirmation.	
Total points	20		

NB: Please note that if any of the above requirements is not submitted with the quote it will be an immediate disqualification.

TO APPOINT A SUPPLIER TO PROVIDE THE FOLLOWING ITEM/S OR SERVICE AS PER SCOPE BELOW.

Quantity	Product/Item Code	Specification
10000 each	FVF Live Clone 13 100 ml Labels	See attached specifications
30000 each	RVF Live x 50 ml Labels	See attachment
10000 each	RVF Inactivated Labels 100 ml	See attached specifications

Requirements from the supplier (To be used to select the contractor)

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Government Procurement: all quotations of goods and services are subject to the General conditions of Contract July 2010

Requirements from SCM department:

- All bidders MUST register their company (in advance) on the NEW OBP's E-Procurement portal, the link can be found on the official OBP website under supply chain.
- Once bidders account registration is approved by the OBP Supply Chain, login credentials will be supplied, whereby bidders will be able to login and apply for opportunities.
- All open opportunities will reflect on the portal for bidders to part take in.
- All required company documents, proposed submissions or additional requirements MUST be uploaded with your bid application.
- Any additional questions or Queries can be directed via email (purchasing@obpvaccines.co.za) or telephone (012 522 1500), note NO SUBMISSIONS WILL BE ACCEPTED via EMAIL.
- OBP reserves the right to cancel or re-advertise RFQ's (Request for quotes).

SBD 4

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 DOC NO.: PM-ME-002-F001 (EDITION 05) Page 2 of 1

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 interest¹ 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.

Full Name	Identity Number	Name of State institution

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.

¹ 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.

- 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 consortium² 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.
- 3.5 The terms of the accompanying bid have not been, and will not be, disclosed by the 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.
- 3.6 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.
- 3.7 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

Terms and Conditions:

- Submission should be no later than **(Dec 02 2025 15:00:00)**
- Please indicate your offer validity and lead time: _____
- All prices must be VAT exclusive, (Vat vendor please indicate as such) if no indication, prices will be evaluated as exclusive.

² 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.

- Quotation must be on a company letter head and **strictly** on a PDF format (**Quotations sent on Word or Excel format will not be accepted.**)
- Supplier must register on or before any submission can be done , supplier number will be allocated to supplier.
- Submission and Quotations must be done online with all attachments required to be uploaded : any queries can be send to purchasing@obpvaccines.co.za
- **If no reply after 14 days of closing date your RFQ was unsuccessfully.**
- Please indicate if you are unable to quote and state the reason why
- Please note that fluctuations in the exchange rate (where applicable) will not be for the account of OBP.
- *Payment terms: 30 days after statement*
- *Bidders must be registered on CSD (Central Supplier Data Base National Treasury) and be tax compliant*
- **Government Procurement: all quotations of goods and services are subject to the General conditions of Contract July 2010**

I agree that the offer herein shall remain binding upon me and open for acceptance by OBP during the validity period indicated.

Signature

Date



RIFT VALLEY FEVER INACTIVATED VACCINE
SUPPLIER SPECIFICATIONS
100 ML BOTTLE LABEL
ITEM CODE : BL 2146



Please note this is a new format. Changes in future would be in **Bold** and *Italics*

1. SPECIFICATION DETAILS

REQUIREMENTS	SPECIFICATIONS
1. Label dimensions	46 (H) x 140 (W) mm ($\pm 0,1$ mm) Height: 45,9 - 46,1 mm Width: 139,9 - 140,1 mm
2. Material of construction	Gloss mc Hi Tack Hotmelt
3. Topsheet	160 gsm
4. Adhesive used	Hotmelt adhesive spread 16-19 g/m ²
5. Core size (<i>Inner dimension</i>)	40 mm ($\pm 0,1$ mm) 39,9 - 40,1 mm
6. Core labels	All core labels must indicate supplier name and the batch details on the inner core of every label
7. Colours	Pantone 583 C, 5405 C; 7544 C, 468 C, 159 C.
8. Namibian registration number	V01/24.4/634
9. Print process	ABG Cutt + Varnish
10. Die used	Flexible rectangle
11. Direction of the roll	Right edge leading
12. Quantity per roll	3000 per roll, each roll must be individually shrinked wrapped
13. Space between labels	4mm
14. Backing paper	Top and bottom 1.5 mm
15. Tension of the roll	The tension of the roll must be firmly closed.
16. Storage temperature	All labels must display the storage temperature of 2 to 8 degrees.
17. Packing Requirements	The shipper must have a label with the supplier name, address, label name, batch number , order number as well as the quantity. The shipper must have a sample attached to the outside as a quick reference.
18. OBP acceptance criteria	All consignments must have a Certificate of Conformance signed by the suppliers responsible person and must be on a company letterhead. The Certificate of Conformance must state the Batch number, Label name,

Author: Samuel Tshabangu Role: Packaging Manager Signature: Date:	Reviewed by: Raynard McDonald Role: QC Manager Signature: Date:	Approved by: Soveena Harriepersadh Role: QA Manager Signature: Date:
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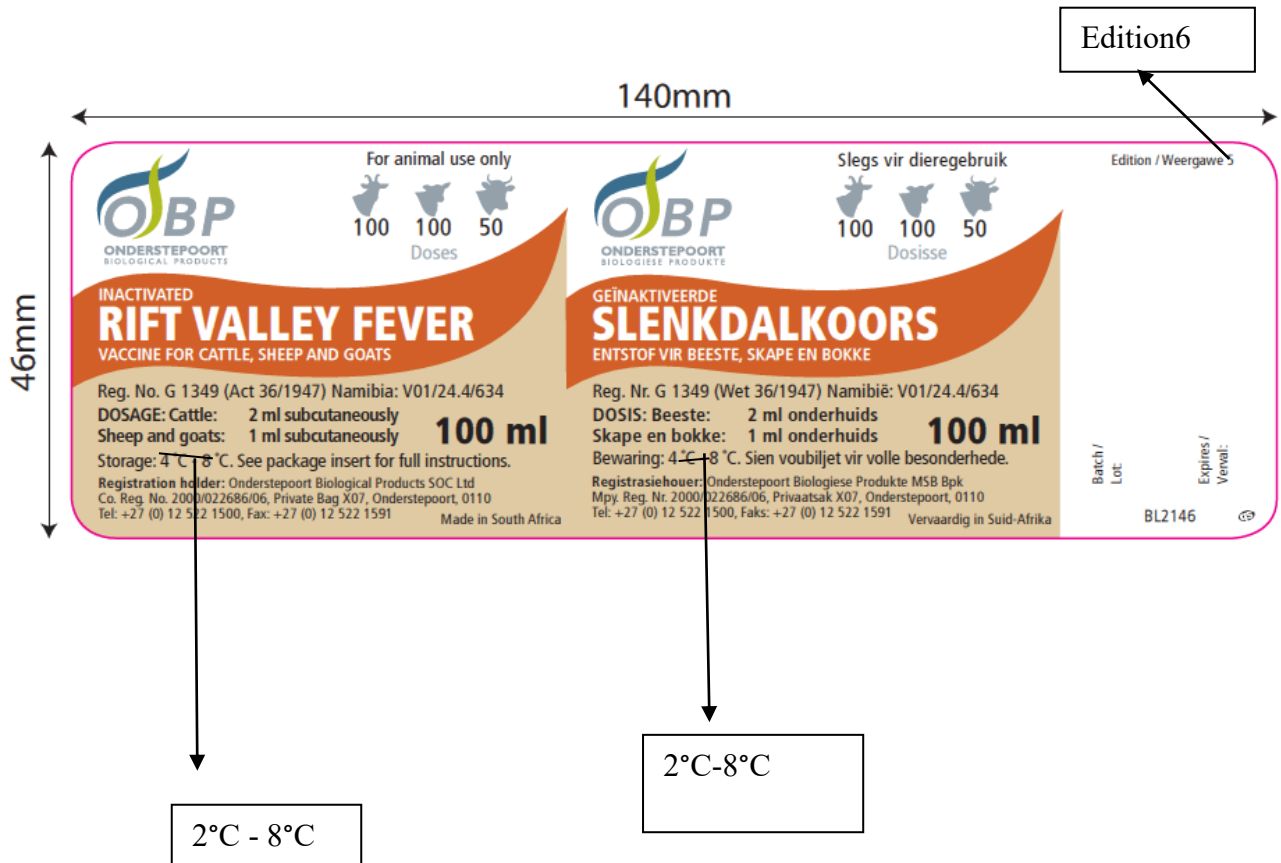
RIFT VALLEY FEVER INACTIVATED VACCINE
SUPPLIER SPECIFICATIONS
100 ML BOTTLE LABEL
ITEM CODE : BL 2146

	<p><i>Specifications and results of in-house tests completed by the supplier.</i> The C of C must contain OBP's specification requirements and same terminology.</p>
19. Before initial printing	Uncut draw sheet to be approved by QA on final material.

Author: Samuel Tshabangu Role: Packaging Manager Signature: Date:	Reviewed by: Raynard McDonald Role: QC Manager Signature: Date:	Approved by: Soveena Harriepersadh Role: QA Manager Signature: Date:
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RIFT VALLEY FEVER INACTIVATED VACCINE
SUPPLIER SPECIFICATIONS
100 ML BOTTLE LABEL
ITEM CODE : BL 2146

2.ARTWORK



Author: Samuel Tshabangu Role: Packaging Manager Signature: Date:	Reviewed by: Raynard McDonald Role: QC Manager Signature: Date:	Approved by: Soveena Harriepersadh Role: QA Manager Signature: Date:
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RIFT VALLEY FEVER CLONE 13 VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE : BL 2213S



Please note this is a new format. Changes in future would be in **Bold** and *Italics*

1. SPECIFICATION DETAILS

REQUIREMENTS	SPECIFICATIONS
1. Label dimensions	24 (H) x 65 (W) mm (± 0,1 mm) Height 23,9 - 24,1 mm Width 64,9 - 65,1 mm
2. Material of construction	Gloss mc Hi Tack Hotmelt
3. Topsheet	160 gsm
4. Adhesive used	Hotmelt adhesive spread 16-19 g/m ²
5. Core size (<i>Inner dimension</i>)	40 mm (± 0,1 mm) 39,9 - 40,1 mm
6. Core labels	All core labels must indicate supplier name and the batch details on the inner core of every label
7. Colours	Pantone 583 C, 5405 C; 7544 C, 468 C.
8. Namibian registration number	V10/24.4/958
9. Print process	ABG Cutt + Varnish
10. Die used	Flexible rectangle
11. Direction of the roll	Left edge leading
12. Quantity per roll	3000 per roll, each roll must be individually shrinked wrapped
13. Space between labels	4mm
14. Backing paper	Top and bottom 1.5 mm
15. Tension of the roll	The tension of the roll must be firmly closed.
16. Storage temperature	All labels must display the storage temperature of 2 to 8 degrees.
17. Packing Requirements	The shipper must have a label with the supplier name, address, label name, batch number , order number as well as the quantity. The shipper must have a sample attached to the outside as a quick reference.
18. OBP acceptance criteria	All consignments must have a Certificate of Conformance signed by the suppliers responsible person and must be on a company letterhead. The Certificate of Conformance must state the

Author: Samuel Tshabangu Role: Packaging Manager Signature: Date:	Reviewed by: Raynard McDonald Role: QC Manager Signature: Date:	Approved by: Soveena Harriepersadh Role: QA Manager Signature: Date:
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RIFT VALLEY FEVER CLONE 13 VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE : BL 2213S

	<p><i>Batch number, Label name, Specifications and results of in-house tests completed by the supplier.</i> The C of C must contain OBP's specification requirements and same terminology.</p>
19. Before initial printing	Uncut draw sheet to be approved by QA on final material.

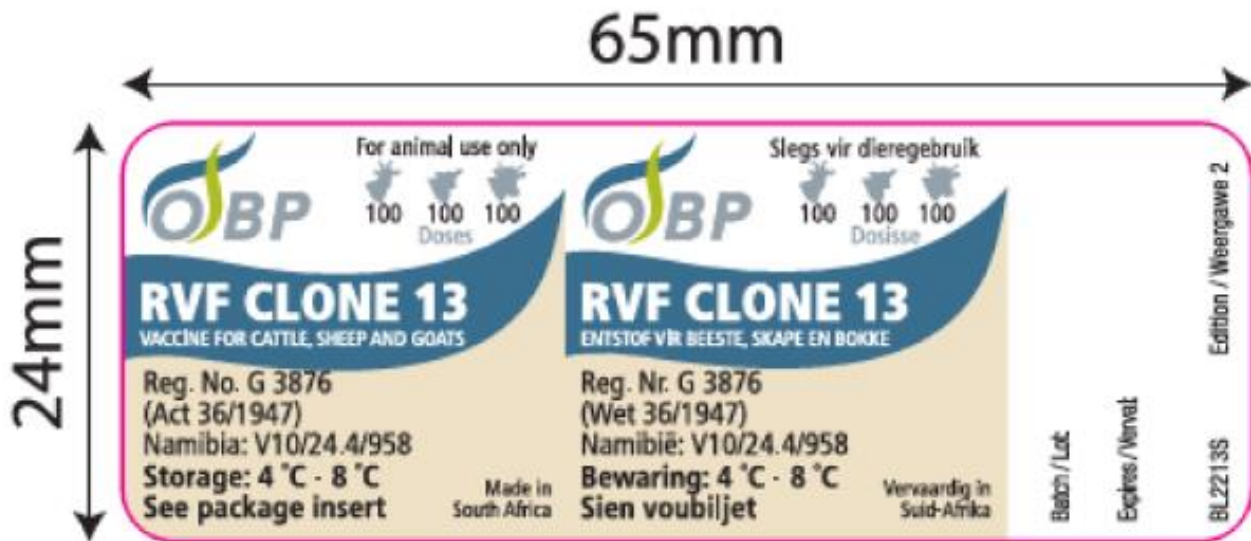
Author: Samuel Tshabangu Role: Packaging Manager Signature: Date:	Reviewed by: Raynard McDonald Role: QC Manager Signature: Date:	Approved by: Soveena Harriepersadh Role: QA Manager Signature: Date:
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OBP

RIFT VALLEY FEVER CLONE 13 VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE : BL 2213S

QC

2. ARTWORK



Author: Samuel Tshabangu Initials:	Reviewed by: Raynard McDonald Initials:	Approved by: Soveena Harriepersadh Initials:
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RIFT VALLEY FEVER CLONE 13 VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE : BL 2213S

Supplier name: _____ Approved supplier: _____
 Supplier batch number: _____ Packaging control number: _____
 Date received: _____ Quantity received: _____
 Sampled by: _____ Date sampled: _____

Results to be transcribed from the Supplier Certificate of Analysis or Conformance

REQUIREMENTS	SPECIFICATIONS	RESULTS
1. Label dimensions	24 (H) x 65 (W) mm ($\pm 0,1$ mm) Height 23,9 - 24,1 mm Width 64,9 - 65,1 mm	
2. Material of construction	Semi Gloss	
3. Topsheet	160 gsm/m²	
4. Core size	40 mm ($\pm 0,1$ mm) 39,9 - 40,1 mm	
5. Adhesive used	Hotmelt adhesive spread 16-19 g/m²	
6. Pantone colours	Pantone 5405; Pantone 468 C; Pantone 583 C; Pantone 5405 C; Pantone 7544 C. (From Pantone: Solid Chips coated) Y – Process Yellow; M – Process Magenta; K – Process Black; C – Process Cyan.	
7. Print process	ABG Cutt + Varnish	
8. Die used	Flexible rectangle	
9. Namibia Number	V10/24.4/958	
10. Direction of the roll	Right edge leading	
11. Packing Requirements	The shipper must have a label with the supplier name, address, label name, order number as well as the quantity. The shipper must have a sample attached to the outside as a quick reference.	
12. Stores acceptance criteria	All consignments must have a Certificate of Conformance signed by the suppliers responsible person and must be on a company letterhead. The Certificate of Conformance must state the batch number, label name, specifications and results of in-house tests completed by the supplier. The C of C must contain OBP's specification requirements and same terminology.	
13. Special requirements	Company identification on label.	
14. Before initial printing	Uncut draw sheet to be approved by QA on final material.	

Author: Samuel Tshabangu
Initials:

Reviewed by: Raynard McDonald
Initials:

Approved by: Soveena Harriepersadh
Initials:

RIFT VALLEY FEVER CLONE 13 VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE : BL 2213S

Tested by: _____ Date: _____

Checked by: _____ Date: _____

Approved or Rejected: _____

Author: Samuel Tshabangu Initials:	Reviewed by: Raynard McDonald Initials:	Approved by: Soveena Harriepersadh Initials:
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RIFT VALLEY FEVER LIVE VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE: BL 2153S/50



Please note this is a new format. Changes in future would be in **Bold** and *Italics*

1. SPECIFICATION DETAILS

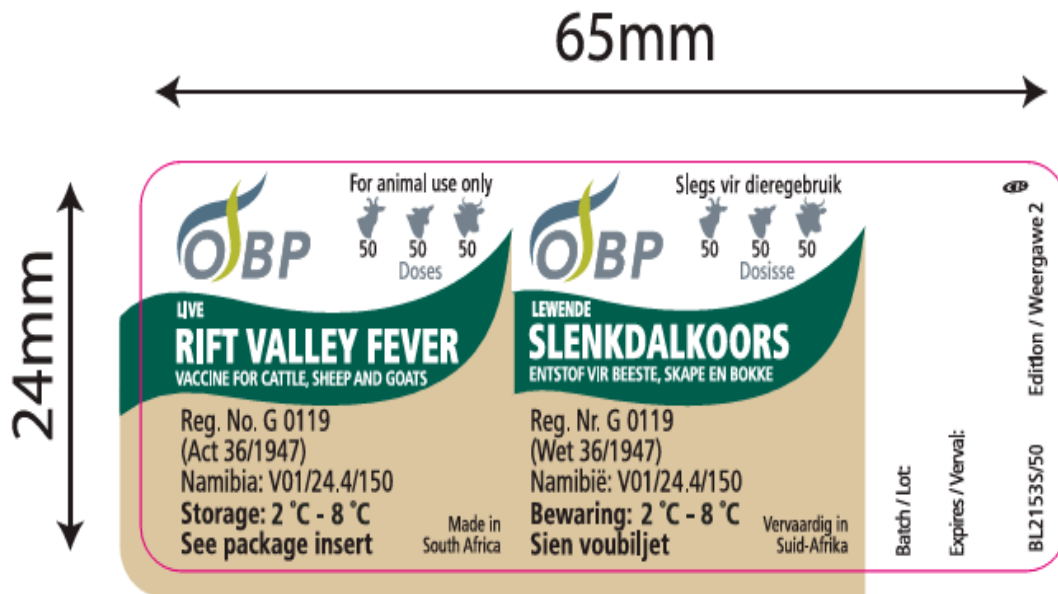
REQUIREMENTS	SPECIFICATIONS	Comments
1. Label dimensions	24 (H) x 65 (W) mm ($\pm 0,1$ mm) Height 23,9 - 24,1 mm Width 64,9 - 65,1 mm	complies
2. Material of construction	Gloss mc Hi Tack Hotmelt	complies
3. Topsheet	160 gsm/m ²	complies
4. Core size (<i>inner dimension</i>)	40 mm ($\pm 0,1$ mm) 39,9 - 40,1 mm	complies
5. Adhesive used	Hotmelt adhesive spread 16-19 g/m ²	complies
6. Pantone colours	Pantone 583 C, 5405 C; 7544 C, 468 C, 336 C.	complies
7. Namibian registration number	V01/24.4/150	complies
8. Print process	ABG Cutt + Varnish	complies
9. Die used	Flexible rectangle	complies
10. Direction of the roll	Left edge leading	Does not comply
11. <i>Quantity per label</i>	5000 per roll	complies
12. Packing Requirements	The shipper must have a label with the supplier name, address, label name, order number as well as the quantity. The shipper must have a sample attached to the outside as a quick reference.	complies
13. Stores acceptance criteria	All consignments must have a Certificate of Conformance signed by the suppliers responsible person and must be on a company letterhead. The Certificate of Conformance must state the batch number, label name, specifications and results of in-house tests completed by the supplier. The C of C must contain OBP's specification requirements and same terminology.	Do not comply
14. Special requirements	Company identification on label.	complies
15. Before initial printing	Uncut draw sheet to be approved by QA on final material.	complies

OBP

**RIFT VALLEY FEVER LIVE VACCINE
SUPPLIER SPECIFICATIONS
FREEZE DRY BOTTLE LABEL
ITEM CODE: BL 2153S/50**

QC

2. ARTWORK



Designation	Signature	Date approved
Manager : Quality Assurance		
Manager : Procurement		