

## PART A INVITATION FOR EXPRESSION OF INTEREST (EOI)

|                                                                                                                                                                                                                            |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO SUBMIT AN EOI FOR THE REQUIREMENTS OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL</b>                                                                                                             |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| EOI NUMBER:                                                                                                                                                                                                                | SANAC 001032026                                                                                                                                     | CLOSING DATE: | 07 APRIL 2026                                                     | CLOSING TIME:                                            | 16H00                                                                                                |
| DESCRIPTION                                                                                                                                                                                                                | INVITATION TO SOUTH AFRICAN MANUFACTURERS TO ACCELERATE ACCESS TO QUALITY-ASSURED LENACAPAVIR (INJECTION, TABLET, ACTIVE PHARMACEUTICAL INGREDIENT) |               |                                                                   |                                                          |                                                                                                      |
| <b>ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                                                        |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| E-MAIL ADDRESS                                                                                                                                                                                                             | tenders@sanac.org.za                                                                                                                                |               |                                                                   |                                                          |                                                                                                      |
| <b>MANUFACTURER INFORMATION</b>                                                                                                                                                                                            |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| NAME OF MANUFACTURER                                                                                                                                                                                                       |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| POSTAL ADDRESS                                                                                                                                                                                                             |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| STREET ADDRESS                                                                                                                                                                                                             |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| TELEPHONE NUMBER                                                                                                                                                                                                           | CODE                                                                                                                                                |               | NUMBER                                                            |                                                          |                                                                                                      |
| CELLPHONE NUMBER                                                                                                                                                                                                           |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| FACSIMILE NUMBER                                                                                                                                                                                                           | CODE                                                                                                                                                |               | NUMBER                                                            |                                                          |                                                                                                      |
| E-MAIL ADDRESS                                                                                                                                                                                                             |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| VAT REGISTRATION NUMBER                                                                                                                                                                                                    |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| SUPPLIER COMPLIANCE STATUS                                                                                                                                                                                                 | TAX COMPLIANCE SYSTEM PIN:                                                                                                                          |               | <b>OR</b>                                                         | CENTRAL SUPPLIER DATABASE No:                            | MAAA                                                                                                 |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES OFFERED?                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF]                                                                  |               | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES OFFERED? |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER THE QUESTIONNAIRE BELOW] |
| <b>QUESTIONNAIRE TO FOREIGN SUPPLIERS</b>                                                                                                                                                                                  |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                            |                                                                                                                                                     |               |                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                                  |                                                                                                                                                     |               |                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                                 |                                                                                                                                                     |               |                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                                      |                                                                                                                                                     |               |                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?                                                                                                                                                                  |                                                                                                                                                     |               |                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                      |
| <b>IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.</b> |                                                                                                                                                     |               |                                                                   |                                                          |                                                                                                      |

## PART B TERMS AND CONDITIONS FOR SUBMISSION

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| <b>1. EOI SUBMISSION:</b>             |                                                                                                                                                                                                                            |
| 1.1.                                  | SUBMISSIONS MUST BE SEND TO THE CORRECT EMAIL ADDRESS . LATE SUBMISSIONS WILL NOT BE ACCEPTED FOR CONSIDERATION.                                                                                                           |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b> |                                                                                                                                                                                                                            |
| 2.1                                   | MANUFACTURES MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.                                                                                                                                                            |
| 2.2                                   | MANUFACTURES ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.                                         |
| 2.3                                   | APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.                                                                                                         |
| 2.4                                   | MANUFACTURERES MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE SUBMISSION.                                                                                                                                     |
| 2.5                                   | IN SUBMISSIONS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED; EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.                                                                      |
| 2.6                                   | WHERE NO TCS PIN IS AVAILABLE BUT THE MANUFACTURER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.                                                                                    |
| 2.7                                   | NO SUBMISSIONS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE." |

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE SUBMISSION INVALID.**

SIGNATURE OF MANUFACTURER : .....

CAPACITY UNDER WHICH THIS IS SIGNED: .....  
(Proof of authority must be submitted e.g. company resolution)

DATE: .....