



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY –

TO : *Prospective Service Provider*
FROM : **SCM /STORES**
DATE : **22/05/2020**
ENQUIRIES : **STORES**
TELEPHONE : **015 780 6362/61**
REF : **136822**

Kindly furnish this office with a written quotation for supply of goods/ services as detailed below. The quotation must be submitted on the letterhead of your Business and Brought to our offices 3 Nyala Street, Phalaborwa not later than **01/06/2020 at 12HOO**

QUANTITY	Description	PRICE/UNIT (Inc. VAT)	DELIVERY PERIOD
50x	Conducting of entry medical surveillance:		
	i.e.		
	- chest X-Ray, Audiogram, weight, Lung Function, Test Blood Glucose,		
	Vision screening, Blood pressure, height, Urine DIP Stick, Body Mass		
	index, Physical Examination, Health Questionnaire after tests.		
	- Issue Certificates of Fitness		

Please number your quotes (Your Ref no)

The following conditions will apply:

- **Price (s) quoted must be valid for at least thirty (30) days from date of your offer. ➤**
- The municipality retains the prerogative to reject any quotes it deems to be excessive**
- **A firm delivery period must be indicated.**
- **Tax Clearance Certificate**
- **A service provider be registered with central supplier database (CSD)**
- **Registered with CIPRO (CK 1 or 2 document)**
- **BBBEE Certificate certified by a SANAS accredited institution.**
- **Completed MBD4 (Declaration of Interest) Form**
- **Completed MBD6.2 Form**

Fill in and Return the Declaration of Interest Form.