



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY –

TO : *Prospective Service Provider*
FROM : **SCM /STORES**
DATE : **29/09/2020**
ENQUIRIES : **STORES**
TELEPHONE : **015 780 6362/61**
REF : **136839**

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 **09/10/2020 at 12H00**

QUANTITY	Description	PRICE/UNIT (Inc. VAT)	DELIVERY PERIOD
250	Conducting of Annual Medical Surveillance to employees as follows: Chest X-Ray, Audiogram, Lung Function, Test blood glucose, Vision screening, Blood pressure, weight, height, Urine Dip stick, Body Mass Index, Physical examination, Health Questionnaire after tests issue Certificate 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.