



BA-PHALABORWA MUNICIPALITY  
MEMORANDUM  
- BUDGET AND TREASURY –

**TO** : *Prospective Service Provider*  
**FROM** : **SCM /STORES**  
**DATE** : **02/10/2020**  
**ENQUIRIES** : **STORES**  
**TELEPHONE** : **015 780 6362/61**  
**REF** : **136841**

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 **12/10/2020 at 12HOO**

<b>QUANTITY</b>	<b>Description</b>	<b>PRICE/UNIT (Inc. VAT)</b>	<b>DELIVERY PERIOD</b>
<b>250</b>	<b>Appointment of occupational practitioner to conduct annual medical</b>		
	<b>Surveillance to employees as follows:</b>		
	<b>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.</b>		
	<b>-Issue Certificate of fitness.</b>		

**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.**