



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY –

TO : *Prospective Service Provider*
FROM : *SCM/STORES*
DATE : *17/09/2019*
ENQUIRIES : *STORES*
TELEPHONE : *015 780 6362/61*
REF : *136764*

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 **26/09/2019 at 12H00**

QUANTITY	Description	PRICE/UNIT (Inc .VAT)	DELIVERY PERIOD
30xLearners	Request for OHS for Rep Training for 30 learners for 2 days		

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 provide 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*

Fill in and Return the Declaration of Interest Form.



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**NAME OF PROGRAM: OCCUPATIONAL HEALTH AND SAFETY FOR SAFETY
REP**

1. Number of learners=30 learners
2. Duration of training = 2 days
3. The Service Provider must be ACCREDITED for the skills program on unit standard ID 259622
4. Proof of accreditation on the unit standard to be attached
- 5, Conduct assessment of learners at the end of the training
6. Certification of competent learners at the end of the assessment
7. Registration of learners on the National Learners Record Database