



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY _

TO : *Prospective Service Provider*
FROM : **SCM /STORES**
DATE : **15/06/2022**
ENQUIRIES : **STORES**
TELEPHONE : **015 780 6361/62**
REF : **129693**

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 **21/06/2022 at 12H00**

| QUANTITY | Description | PRICE/UNIT (Inc. VAT) | DELIVERY PERIOD |
|-----------------|---|----------------------------------|----------------------------|
| 500 | COVID-19 FACE SHIELD | | |
| | - Standard size 11.5" wide x9 long | | |
| | - Distortion free, optical grade lens with anti-static coating | | |
| | - Light weight, adjustable and fog-resistant | | |
| | - Latex free | | |
| | - Extra thick foam headband designed to comfortably Conform to the fore heard. | | |
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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 FOR*
- *Minimum Local content threshold:100%*
- *Evaluation criteria: 80/20*

Fill in and Return the Declaration of Interest Form.