



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY _

TO : *Prospective Service Provider*
FROM : **SCM /STORES**
DATE : **31/01/2023**
ENQUIRIES : **STORES**
TELEPHONE : **015 780 6361/62**
REF : **REQ2418**

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 **08/02/2023 at 12H00**

QUANTITY	Description	PRICE/UNIT (Inc. VAT)	DELIVERY PERIOD
50	Splicing Kit Scotch 82-A3		
50	Splicing Kit Scotch 91 -A2		
50	Splicing Kit Scotch 91 –A3		
50	Splicing Kit Scotch 91 –A4		

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*
- *Evaluation criteria: 80/20*

Fill in and Return the Declaration of Interest Form.