



BA-PHALABORWA MUNICIPALITY

- Budget and Treasury -

Procurement and Stores

TO :Prospective Service Provider
FROM : SCM /STORES
DATE : 05/05/2017
ENQUIRIES : STORES
TELEPHONE : 015 780 6479/6362/61
REF : 128564

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 16/05/2017 at 15H00.

QUANTITY	Description	PRICE/UNIT (Inc .VAT)	DELIVERY PERIOD
270	Conducting of medical surveillance : Chest x-Ray ,Audio gram ,Lung function test ,blood glucose , Vision screening ,blood pressure, weight ,Height ,Urine Dip stick ,BMI ,physical examination ,health questioner after test The medical surveillance to be conducted by a competent occupational practitioner and issue certificates of fitness to employees		

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.*
- **Original Tax Clearance Certificate or certified copy**
- **Registered with CIPRO (CK 1 or 2 document)**
- **BBBEE Certificate certified by a SANAS accredited institution or certified sworn affidavit.**
- **Fill in and Return the Declaration of Interest Form (MBD4 Form) obtainable from our website.**
- **Centralised Suppliers Database printout (summary report)**



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