



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY –

TO : *Prospective Service Provider*
FROM : *SCM /STORES*
DATE : *08/07/2019*
ENQUIRIES : *STORES*
TELEPHONE : *015 780 6362/61*
REF : *136805*

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 **16/07/2019 at 12H00**

QUANTITY	Description	PRICE/UNIT (Inc .VAT)	DELIVERY PERIOD
	Conducting of workplace risk Assessment and measuring of		
	Hygiene and noise level for Ba-Phalaborwa Municipality		
	Offices and satelites including ,Selwane,Gravelotte,		
	Namakgale,Mashishimale,Lulekani and Town		
	See the attached Specification		

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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Conducting of workplace risk Assessment and measuring of hygiene and Noise Level for Ba-phalaborwa Municipality offices and satellites including Selwane, Gravelotte, Namakgale, Mashishimale, Lulekani and Town

Requirements are as follows:

- The Service provider must be a registered Assessor and have Assessor no
- Must be a registered member of SACPCMP
- Must affiliate with any organisation of Safety
- Must have Health and Safety Qualifications
- Must have Knowledge in hygiene
- Must be able to submit full detailed Manual Report within three (3) weeks after the completion of assessment.