



BA-PHALABORWA MUNICIPALITY

- Budget and Treasury -

Procurement and Stores

**TO** : Prospective Service Provider  
**FROM** : SCM /STORES  
**DATE** : 03/01/2018  
**ENQUIRIES** : STORES  
**TELEPHONE** : 015 780 6479/6362/61  
**REF** : 128569

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 17/01/2018 at 15H00.

QUANTITY	Description	PRICE/UNIT (Inc .VAT)	DELIVERY PERIOD
290x	Conducting of medical surveillance as follows: Chest X-Ray Audiogram Lung Function Test Blood Glucose Vision screening Blood Pressure Weight Height Urine Dip stick Body Mass Index Physical examination Health questionnaire after tests		
	The medical surveillance to be conducted by a Competent Occupational Practitioner and issue a certificate 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)**

Disclaimer: The Municipality reserves the right not to appoint on this RFQ. Goods of inferior quality will not be accepted. SABS approved materials required



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