



BA-PHALABORWA MUNICIPALITY  
MEMORANDUM  
- BUDGET AND TREASURY \_

**TO** : Prospective Service Provider  
**FROM** : SCM /STORES  
**DATE** : 11/06/2024  
**ENQUIRIES** : STORES  
**TELEPHONE** : 015 780 6361/62  
**REF** : REQ5500

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 **20/06/2024 at 12H00**

QUANTITY	Description	PRICE/UNIT (Inc. VAT)	DELIVERY PERIOD
01	Conducting of institutional risk assessment and occupational		
	Hygiene in all municipalities facilities and satellites areas		
	Including booster and pump stations.		

**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 Pin
- A service provider be registered with central supplier database (CSD)
- Registered with CIPRO (CK 1 or 2 document)
- Completed MBD4 (Declaration of Interest) Form
- Evaluation criteria: 80/20 (Whereby 80 is for price and 20 is for SPECIFIC POINTS SYSTEM)  
20 is further evaluated as: 20 for 100% Black owned; 18 for at least 51% Black owned; and 14 for Less than 51% Black owned

**Fill in and Return the Declaration of Interest Form.**