



UBUHLEBEZWE MUNICIPALITY
CHIEF FINANCIAL OFFICE
SUPPLY CHAIN MANAGEMENT UNIT
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REF: 27568
QUOTE NO: UBU-Q-04/12/16
Date: 20 December 2016

Dear Sir / Madam

REQUEST FOR FORMAL WRITTEN PRICE QUOTATIONS FOR SANITORY TOWELS-MAXI 20^S

Kindly furnish me with a written quotation for the supply of the goods/services as detailed in the enclosed schedule. The quotation must be submitted on the letterhead of your business and must be submitted in a sealed envelope to the Tender BOX. The envelope must be clearly marked **"SANITORTY TOWELS - UBU-Q-04/12/16"** not later than the **06 January 2017 at 12h00 to: 29 Margaret Street, Ixopo 3276.**

The following conditions will apply:

- Price(s) quoted must be valid for at least thirty (30) days from date of your offer.
- Price(s) quoted must be firm and must be inclusive of VAT.
- The quote must be submitted on a separate page containing the letterhead of your business.
- This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Policy Framework Act (No 5 of 2000) and for this purpose the enclosed forms MBD 2, MBD 4, MBD 6.1, MBD 8 & MBD 9 must be scrutinized, completed and submitted together with your quotation.
- Valid Tax Clearance Certificate(MBD2)
- A proof of registration in the Municipal database not older than 1 year.
- Proof of registration in the Central supplier database
- **A valid certified copy of BBBEE Certificate or sworn affidavit**
- Proof of Company Registration Document
- Copy of ID if Sole Trader
- Letter/Statement confirming status of municipal accounts (i.e. rates, water) not older than 2 months.
- Attach the affidavit confirming that none of the Directors/Shareholders are employed in the Service of the state.

NB: No quotations will be considered from persons in the service of the state.

The council does not bind itself to accept the lowest or any quotation and reserves the right to accept the quotation as whole or in part, at the rates quoted

Failure to comply with these conditions may invalidate your offer.

Yours faithfully



Mr. G M Sineke
MUNICIPAL MANAGER

ITEM NUMBER	QUANTITY	DESCRIPTION	PRICE INCL. VAT IF VAT VENDOR
1	1664	REQUEST FOR: SANITARY TOWELS-MAXI 20 ^S	