



UBUHLEBEZWE MUNICIPALITY
CHIEF FINANCIAL OFFICE
SUPPLY CHAIN MANAGEMENT UNIT
Tel : 039 834 7700
Fax: 039 834 2978
Email: procurement@ubuhlebezwe.org.za

REF: 27447
QUOTE NO: UBU-Q-10/09/16
Date: 15 SEPTEMBER 2016

Dear Sir / Madam

REQUEST FOR FORMAL WRITTEN PRICE QUOTATIONS FOR THE SUPPLY & DELIVERY OF REFUSE BAGS.

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 **"REFUSE BAGS": - & UBU-Q-10/09/16** not later than the 23 September 2016 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 database not older than 1 year.
- **A valid certified copy of BBBEE Certificate or sworn affidavit**
- Proof of Company Registration Document
- Proof of Registration in the Central Supplier Database
- 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. | 80 000 | SUPPLY AND DELIVERY OF REFUSE BAGS (40 MICRON) | |
| | | | |

DELIVERY ADDRESS:
29 MARGARET STREET
IXOPO
3276