



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

REF: 24227
QUOTE NO: UBU-Q-17/07/15
Date: 30 July 2015

Dear Sir / Madam

REQUEST FOR FORMAL WRITTEN PRICE QUOTATIONS FOR INSTALLATION AND CONFIGURATION OF 2015 ANTIVIRUS

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 "INSTALLATION AND CONFIGURATION OF 2015 ANTIVIRUS": - & UBU-Q-17/07/15" not later than the 07 August 2015 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.
- A firm delivery period must be indicated.
- 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.
- Tax Clearance Certificate(MBD2)
- A proof of registration in the database not older than 1 year.
- **BBBEE Certificate bearing a SANAS LOGO or an auditor's or accountant's practise number (if your certificate does not have these, it will be regarded as invalid)**
 - 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
		REQUEST FOR INSTALLATION AND CONFIGURATION OF 2015 ANTIVIRUS WITH 140 USER LICENSES	

DELIVERY ADDRESS
 29 MARGARET STREET
 IXOPO
 3276