**INKOSI LANGALIBALELE**

**FINANCE DEPARTMENT**

**Address: P.O. Box 15**

**Estcourt**

**3310**

**Telephone: (036) – 342 7800/45/46**

**Fax No:**

**MUNICIPALITY**

**UMKHANDLU INKOSI**

**LANGALIBALELE**

Dear Sir / Madam

# REQUEST FOR FORMAL WRITTEN PRICE QUOTATIONS

**REF: 1289**

Kindly furnish me with a written quotation for the supply of the goods/services as detailed in the enclosed schedule.

QUOTATION ENQUIRIES:

Further information and assistance please contact Andile in Finance Department at this telephone number (036) 342 7842 during office hours. Date advertised: **08/02/2017**

QUOTATION SUBMISSION;

Quotations must be submitted on the letterhead of your business and can either be hand delivered or e-mailed to andile@ilm.gov.za by not later than **13/02/ 2017. 12:00pm**

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(Tax Clearance Certificate), MBD 4 (Declaration of interest form) & MBD 6.1(Preference point claim form) must be scrutinized, completed and submitted together with your quotation.
* The successful provider will be the one scoring the highest points.

NB: No quotations will be considered from persons in the service of the state[[1]](#endnote-1)

Failure to comply with these conditions may invalidate your offer.

Yours faithfully

Andile (SCM Clerk)

## SCHEDULE

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| **QUANTITY** |  | **DESCRIPTION** |
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| **02** | **Rate clearance certificate books for farms duplicate print A5 size** |  |
|  | **Inkosi Langalibalele Municipality with the new logo and** |  |
|  | **Number sequence must start from 801, it must be 50pages** |  |
|  | **Per book** |  |
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DELIVERY ADDRESS:

1. [↑](#endnote-ref-1)