	<h1 style="text-align: center;">EMALAHLENI</h1> <h2 style="text-align: center;">Local Municipality</h2>	P.O. BOX 3
		EMALAHLENI
		MPUMALANGA
		1035
		TEL.: (013) 690 6911
		FAX: (013) 690 6207
		E-mail: admin@emalahleni.gov.za
	eMalahleni, Mandela Avenue Tel.: (013) 690 6911	Kriel, Quintin Street Tel.: (017) 648 2241
		Ogies, Hoofweg Tel.: (013) 643 1027

**11 January 2022**

Dear Sir / Madam

### REQUEST FOR FORMAL WRITTEN QUOTATION

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

**Enquiries: Jadite Bouwer (079 395 3670)**

ITEM DESCRIPTION	QUANTITY
<b>Medical surveillance testing</b> <b>Full medical including spinometry, audiology, vision screening, height assessment BP, physical assessment, x-ray &amp; blood sugar test,</b> <b>NB: Medical results must be accessible on an online system</b>	<b>300</b>


The quotation must be submitted on the letterhead of your business, signed and delivered by hand on the box by supply chain entrance not later **than 17/01/2022.**

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.
- **For all transactions the following must be attached:**
- **Proof of the paid up Municipal Rates and Taxes account of the company or its directors.**
- **MBD forms**
- **CSD report (Must be registered on the Central Supplier Database (CSD).**
- **Scoring points-Certified copy of BBBEE certificate should be attached**
- **Evaluation criteria-The 80/20 PPPFA system for requirements with a Rand from R30 000 to R200 000 (all applicable taxes included)**

**Failure to comply with these conditions and filling of the declaration form may invalidate your offer.**

**Approved.....**

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