

	<h1>EMALAHLENI</h1> <h2>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 Bower (079 395 3670)

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

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.....



EMALAHLENI

Local Municipality

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