



COMMUNICATIONS UNIT
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REQUEST FOR QUOTATION

Service: Printing Of Supplement
Reference Number: 2019 / 34
Contact details for queries: Priah Dass
Telephone: (031) 3114829

REF NUMBER	Comm 2019/34					
DATE	10/04/2019					
ITEM NO	Printing of newspaper supplement Size :A3 Quantity : 3000 Finish : gloss 130gsm colour Pages : 8 Printed back to back English and isiZulu Delivery Date: 13 April 2019 Time: 12h00 Address : 41 Margaret Mncadi Avenue 7th Floor Rennies House	No.of Copies : 3000	Cost per unit (Excl V.A.T)	Cost per unit (Incl V.A.T)	Total cost incl v.a.t)	Delivery period
1	Quote is binding and may not be cancelled					
2	Quote must be prepared on the attached form of offer					
3	Prices to be fixed and firm in South African Rands					
4	Quote must be emailed to the email address provided above					
5	Indicate items for which you are the sole agent					
6	Quote must include a single price (including delivery cost & warranties)					
7	Quote must be valid for 30 days					
8	Supporting documents are not required					
9	Quotation closing date and time: 11/04/2019 @11:00					



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FORM OF OFFER

QUOTATION PRICE EXCLUSIVE OF VAT	V.A.T AMOUNT	QUOTATION PRICE INCLUSIVE OF VAT
R	R	R

In response to your quotation number: _____

Date: _____

I/we hereby offer to supply the goods/services detailed hereunder in accordance with the Specification, and subject to the Standard Conditions of Contract, and or Special Conditions which accompanied your Enquiry (with which I/we acknowledge myself/ourselves to be fully acquainted) at the price/s stated in the appropriated column as form of offer.

NAME OF COMPANY	
ENTERPRISE'S ETHEKWINI VENDOR PORTAL REGISTRATION NUMBER	
ENTERPRISE'S C.S.D REGISTRATION NUMBER	
ENTERPRISE'S S.A.R.S PIN NUMBER	

I/We hereby agree that this request for quotation will hold good and remain open for acceptance until 16:00 of the one (1) week following the date on which the quotation was opened or during such other period as may be specified in the Special Conditions.

DECLARATIONS:

Completion of the following is compulsory. Failure to declare the following will invalidate your offer.

Declaration of Interest

Are any of the Company's directors, managers, principle shareholder or stakeholders currently in the service of the state or have been in the service of the state in the past twelve (12) months?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any spouse, child or parent of the Company's directors, managers, principle shareholder or stakeholder currently in the service of the state or have been in the service of the state in the past twelve (12) months?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name of Company's member	Position in Company	Name of Relative (if applicable)	Name of State Institution	Nature of Relationship			
Do you or any other directors, managers, principle shareholder or stakeholder of your Company have any relationship (spouse, family, friend, associate) with persons in the service of the state? If yes please furnish particulars below				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name of Company's member	Position in Company	Name of Relative (if applicable)	Name of State Institution	Nature of Relationship			

Note: Anyone in the service of the State is prohibited from doing business with Ethekwini Municipality:

"in the service of the state" means to be –

- a) a member of
 - i) any municipal council;
 - ii) any provincial legislature; or
 - iii) the national Assembly or the national Council of provinces;
- b) a member of the board of directors of any municipal Company;
- c) an official of any municipality or municipal Company;
- d) an employee of any national or provincial department, national or provincial public Company or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- e) a member of the accounting authority of any national or provincial public Company; or an employee of Parliament or a provincial legislature.
- f) An employee of Parliament or a provincial legislature.

I have read and understand the terms of the above declaration and the conditions of the quote as provided with this document or obtainable on the web site. www.durban.gov.za

NAME OF COMPANY

SIGNATURE

NAME OF SIGNATORY IN BLOCK LETTERS

CAPACITY OF SIGNATORY

ADDRESS OF TENDERER:

TELEPHONE: _____
FAX: _____
DATE: _____