



NOTICE NO .SCM01-2909-22

Kindly furnish us with a written quotation for the supply of goods and services as detailed below.

Request for quotation documents may be obtained from Ray Nkonyeni Municipality – Supply Chain Management Office at 1000 Dan Pienaar Square, Margate from **29 SEPTEMBER 2022** during offices hours (7h30 to 16h00) to closing date. However you are encouraged to download the documents at http://www.rnm.gov.za/Tenders/Pages/Current_Tenders.aspx and the Mini Tender MBD forms.

SUPPLY AND DELIVERY OF POSTERS

ITEM	DESCRIPTION/SPECIFICATION	QTY	UNIT PRICE		AMOUNT (EXCL VAT)	
			R	C	R	C
	SUPPLY AND DELIVER PAY AND DISPLAY BOOKS					
1.	DESIGN AND SUPPLY A2 VINYL POSTERS ON ABS BOARD	100				
2.	3M DOUBLE SIDED MOUNTING TAPE	2				
• CONTACT N MTHEMBU 039 688 2148 FOR FURTHER INFOMATION						
			SUB TOTAL			
			ADD 15% VAT			
			TOTAL			

Sealed quotations must be marked: **TENDER NO.SCM01-2909-22 SUPPLY AND DELIVERY OF POSTERS** must be deposited into a Tender box at the Supply Chain Management Office (Margate) by no later than **12pm 6 OCTOBER 2022**. Telegraphic faxed, emailed and late quotations will not be accepted. A valid tax clearance certificate from SARS reflecting your tax pin code must be furnished. Mini Tender documents (available on our website and at the Supply Chain Management Office) must be attached. It is mandatory that all service providers are registered on the Central Supplier Database (CSD) and proof of your registration reflecting your CSD Number must be furnished with every tender submission. Failure to attach all mandatory documents as is requested on the tender documents will result in your tender not being further evaluated.

FAILURE TO COMPLY WITH THESE CONDITIONS MAY INVALIDATE YOUR OFFER.

All queries in respect of the above should be addressed to the Supply Chain Management Office – 039-3128378
The Municipality does not bind itself to accept the lowest or any quotation and reserves the right to accept the whole or any part of the quote.

Ray Nkonyeni Municipality
P O Box 5
PORT SHEPSTONE
4240

COMPANY FULL NAME

AUTHORISED PERSON FULL NAME & SIGNATURE

DATE

COMPANY STAMP