## TELEFAX / TELEFAKS / EMAIL

Enquiries: Procurement Helpdesk
Telephone: 018 289 3287 / 3438 / 3439
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E-Fax: 086 541 2073 / 086 234 1535
Email: proc.quotes@asbpotch.co.za
Web: www.asbpotch.co.za

From:



## To: SUPPLIERS OF NATIONAL TREASURY CSD (SEE ATTACH PRICING SCHEDULE)

**SA ARMY SUPPORT BASE POTCHEFSTROOM** 

Reference No.: SEE ATTACHED RFQ NUMBER

۷.	Kiliuly Subillit a quotation it	or subbit or rollowing ite	ili/s as per attaci	ieu documents on or i	berore.			at IUHUU	
3.	Validity period is <u>60 days</u> and all prices must <u>include all costs</u>								
4.	This requirement will be evaluated in terms of the following: <b>Best Price (R 1 – R 30 000) or 80/20 Preferential Point System. (R 30 001 – R 100 000)</b> The Department of Defence reserves the right to award the price quotation in its totality to one supplier or per item to different suppliers.								
5.	The quoted price <u>must include VAT</u> and <u>point of delivery cost</u> . Please take note that <u>excessive pricing</u> is a <u>felony</u> .								
6.	Please acknowledge receipt of this request by returning this document and complete price quotation per email / fax to the above mentioned information by completing the following. Non submission will lead that Business being removed from NT CSD Database.								
	Accept Government Orders	Yes / No							
	Able to Supply								
	Unable to Supply				Confirmat	ion Signature			
DEPARTMENT OF DEFENCE SIGNATURE  Maj A.L du Preez Procurement Officer  "Special Bid Conditions" (SBC)									
	"General Conditions The awarding of the	of Contract" (GCC) price quotation as deter	rmined by Depart	ment of Defence.					
The following	is hereby certified:								
The offer is correct and any mistakes will be at my risk.  The offer is inclusive of Value Added Tax (VAT).  I accept responsibility for execution of all my obligations entrusted upon me.  I did not participate in any collusive practices with any other supplier or any other person regarding this price quotation or any price quotation.  I am duly authorised to sign the price quotation.									
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NAME OF CO	MPANY:			CONTACT PERS	ON:				-
POSTAL ADD	RESS:			<b>!</b>		CODE:	 		
TELEPHONE	NO:	CE	LLULAR NO:			FAX NO:			
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Company Representative(BLOCK LETTERS)				Signature	of Compan	y Representative		Date	
Capacity	and particulars of the author								
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