



**planning, monitoring  
and evaluation**

Department:  
Planning, Monitoring and Evaluation  
REPUBLIC OF SOUTH AFRICA

FRAUDULENT  
LOGO

**DEPARTMENT OF PLANNING MONITORING  
AND EVALUATION  
PRIVATE BAG X944  
PRETORIA  
0001**

FRAUDULENT  
TEL & FAX

REFERENCE: **Dpme2212/2016**  
Tel : 27 (0) 12 753 4120  
E/Fax : 27 (0) 86 607 0583  
Date : 30-08-2016  
Address : 330 Grosvenor Street  
Hatfield  
Pretoria  
0001

ENQUIRIES:  
TELEPHONE: **012 753 4120**

DUE DATE: 02/09/2016

FRAUDULENT  
E-MAIL & REF

REF: **TRANSFORMERS**

E-MAIL: [kathlego@dpme-gov.co.za](mailto:kathlego@dpme-gov.co.za)

**INVITATION TO QUOTE**

**NB:** (i) SIGNED QUOTATIONS MUST BE SUBMITTED OR ATTACHED TO THIS FORM  
(ii) NO QUOTATIONS WILL BE ACCEPTED IF THE ATTACHED **MBD 4** FORM IS NOT COMPLETED IN FULL AND SIGNED.

ITEM	SAP NO	QTY	DESCRIPTION	PRICE EA VAT EXCL	TOTAL PRICE VAT EXCL
1	900SG	4	SAHL 900SG TRANSFORMER  250 KVA		
				TOTAL:	
				VAT:	
				GRAND TOTAL:	

**TERMS AND CONDITIONS**

- Prices must include delivery charges and labour must be provided for off-loading.
- A copy of the General department 'Conditions of Contract is available on request.
- State validity period of quotation: .....
- Delivery of the goods must be within five (5) days after the date of the PURCHASE ORDER failing which the P/Order will be cancelled without prior notice.

CoT: Invitation to quote continue

EQUITY OWNERSHIP OF THE COMPANY: **COMPULSORY**

Equity ownership by persons who had no franchise in the national elections

- |    |                                                       | % Owned |
|----|-------------------------------------------------------|---------|
| 1. | percentage owned                                      | _____   |
| 2. | Equity ownership by women percentage owned            | _____   |
| 3. | Equity ownership by disabled person percentage owned. | _____   |
| 4. | Equity ownership by youths                            | _____   |
| 5. | Equity ownership by co-operatives                     | _____   |

NAME OF COMPANY:

REG NO: \_\_\_\_\_

NAME OF TENDERER:

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER:

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**ID NUMBERS OF SHAREHOLDERS:**

NAME	SURNAME	ID NUMBER

SIGNATURE OF PERSON/S AUTHORISED TO SIGN THE QUOTATION:

1. \_\_\_\_\_

2. \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE: The quotation must also be signed by the above persons**