



**planning, monitoring  
and evaluation**

Department:  
Planning, Monitoring and Evaluation  
REPUBLIC OF SOUTH AFRICA

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

REFERENCE: **Dpme2212/2016**  
Tel : 27 (0) 12 770 5156  
E/Fax : 27 (0) 86 607 0583  
Date : 06-04-2016  
Address : 330 Grosvenor Street  
Hatfield  
Pretoria  
0001

**DUE DATE: 11/04/2016  
Time -2:30pm**

ENQUIRIES:  
TELEPHONE: **012 770 5156**

REF: **GENERATORS**

E-MAIL: [mbali@dpme-gov.co.za](mailto:mbali@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	5HDDG 900	10	HEIZO GENERATOR		
			Three phase, 400v/50Hz,		
				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 TENDERER: \_\_\_\_\_ VENDOR NUMBER: \_\_\_\_\_

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**