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<th>DESCRIPTION</th>
<th>QTY</th>
<th>TOTAL</th>
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<td>900SG</td>
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<td>250 KVA</td>
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<td>SAHL 900SG TRANSFORMER</td>
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**NB:** (i) QUOTATIONS MUST BE SUBMITTED OR ATTACHED TO THIS FORM.
(ii) QUOTATIONS WILL BE ACCEPTED IF THE ATTACHED MBD 4 FORM IS NOT COMPLETED IN FULL AND SIGNED.
(iii) QUOTATIONS MUST BE SUBMITTED OR ATTACHED TO THIS FORM.
(iv) QUOTATIONS WILL BE ACCEPTED IF THE ATTACHED MBD 4 FORM IS NOT COMPLETED IN FULL AND SIGNED.

**TERMS AND CONDITIONS:**

1. Prices must include delivery charges and labour must be provided for or loading.
2. State validity period of quotation.
3. Delivery of the goods must be within five (5) days after the date of the ORDER.
4. ORDER failing which the Order will be cancelled without prior notice.

**INVITATION TO QUOTE:**

**REF:** TRANSFORMERS

**EMAIL:** kathlelogo@dpme.gov.co.za

**DUE DATE:** 02/09/2016

**REFERENCE:**

**PRIVATE BAG X44 PRETORIA 0001**

**TELEPHONE:** 012 753 4120

**TELEFAX:** 012 753 4120

**D/F:** 09/2016

**FRAUDULENT**
EQUITY OWNERSHIP OF THE COMPANY: **COMPULSORY**

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

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

% Owned

NAME OF COMPANY: ____________________________

REG NO: ____________________________

NAME OF TENDERER: ____________________________

CONTACT PERSON: ____________________________

TELEPHONE NUMBER: ____________________________

FAX NUMBER: ____________________________

E-MAIL ADDRESS: ____________________________

ID NUMBERS OF SHAREHOLDERS:

<table>
<thead>
<tr>
<th>NAME</th>
<th>SURNAME</th>
<th>ID NUMBER</th>
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</table>

SIGNATURE OF PERSON/S AUTHORISED TO SIGN THE QUOTATION:

1. ____________________________

2. ____________________________

DATE: ____________________________

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