

**SCI-BONO DISCOVERY CENTRE NPC**

Tel: +27 11 639 8400 | Fax: +27 11 832 3360 | www.sci-bono.co.za
C/o Miriam Makeba & Helen Joseph Streets | Newtown | Johannesburg
PO Box 61882 | Marshalltown | 2107

Company registration: 2004/010183/08 | VAT no: 473 021 6290
PBO reference no: 930 014 449 | NPO Registration: 320-603 NPO

QUOTATION NUMBER: _____

COMPANY DETAILS	
Full Name	
Postal Address	
Physical Address	
Company / CC Reg. Number	
Id Number (If Sole Proprietor)	
Tax Reference Number	
VAT Registration Number	

Main Contact Person's Details	
Name	
Telephone Number	
Cell Phone Number	
Fax Number	
email address	

Alternative Contact Person's Details	
Name	
Telephone Number	
Cell Phone Number	
Fax Number	
email address	



GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

BOARD OF DIRECTORS

Abbey Witbooi (Chairperson) | Prof Bongani Bantwini | Zeth Malele | Patricia Maloka
Adv Lentswe Mokgatle | Nomndeni Banda | Prof Khulekani Sitole | Godfrey Tsotetsi
Mashane Mphahlele | Prof Mfanelo Pat Ntsobi (CEO)

1. INSTRUCTIONS TO SERVICE PROVIDERS

- 1.1 Prices must include for all the requirements of this quotation, and must not include VAT (VAT is to be stated separately).
- 1.2 Payment inclusive of all charges will be made in provided it is compliance with all conditions set-out in this document.
- 1.3 Sci-Bono reserves the right to accept the whole or any portion of a quotation.
- 1.4 Service Providers' quotations are to remain open for acceptance for a period of thirty (30) days after the closing date and quotations may be accepted at any time during that period of thirty days.
- 1.5 No price increases will be considered in the event of payments made against invoiced price.
- 1.6 Any orders placed within the contract period, will be paid according with the price applicable at the date of order.
- 1.7 In the event of the price being subject to an exchange rate, the service provider will be required to obtain exchange rate cover on behalf of Sci-Bono in order to protect Sci-Bono against exchange rate variations as and when orders are placed.
- 1.8 Service Providers shall furnish the full registered name of the company/service provider on this form.
- 1.9 Service Providers should submit a comprehensive company profile. If not submitted Sci-Bono may request the Service Provider to provide these documents within a reasonable period.
- 1.10 **ALL PAGES concerning the registration of the company must be attached.**
- 1.11 **All submissions must be handed in at Sci-Bono as stated below.**
- 1.12 In the event of a mistake having been made on the price schedule it shall be crossed out in ink and be accompanied by a full signature at each and every price alteration.
- 1.13 Corrections in terms of price may not be made by means of a correction fluid such as Tipp-Ex or a similar product.
- 1.14 No correction fluid may be used on this form. Use of correction fluid will render the form invalid.
- 1.15 Sci-Bono reserves the right to reject the bid if corrections are not made in accordance with the above.

- 1.16 Sci-Bono reserves to withdraw or not to award the contract. In submitting a quotation, the service provider confirms that if the request for a quotation is cancelled, the service provider will not hold Sci-Bono responsible for any loss or damage suffered by the service provider due to the lodging of the quotation.
- 1.17 Hard copies must be enclosed in separate sealed envelopes bearing the closing time and due date.

2. OFFER

- 2.1 Does the offer comply with the specification in all respects? YES NO
If not, specify for each item
- 2.2 Is the company VAT registered YES *(Insert VAT Number)* NO
- 2.3 Are price/s quoted subject to any discount? YES NO
If yes, specify

Item Description	Quantity	Unit Price	TOTAL
Delivery &Transport			
Other: 1			
: 2			
VAT			
TOTAL			

CHECKLIST WHEN SUBMITTING QUOTATIONS

Please submit all relevant information required below, as insufficient information may invalidate your application

Company: _____

	Yes	No
• Fax number/email address		
• Physical address/Postal Address		

• Tel number(s) as contact number		
• Cell number(s) as contact number		
• Fill form completely		
• Certificate of Incorporation from Registration of Companies (CIPRO)		
• Valid SARS Tax Clearance Certificate		
• Valid BEE Certificate		
• ID copies		

3. CERTIFICATION

I, the undersigned

(Full Name

3.1 certify that the information furnished on this form to be true and correct.

3.2 accept that, in addition to cancellation of a contract, action may be taken against me should this declaration prove to be false.

Signature

Date

Position

Representing (*Insert Service Provider's Name*):