



SCI-BONO DISCOVERY CENTRE NPC

Tel: +27 11 639 8400 | Fax: +27 832 3360 | [www.sci-bono.co.za](http://www.sci-bono.co.za)

c/o President & Miriam Makeba Streets | Newtown | Johannesburg

PO Box 61882 | Marshalltown | 2017

Company registration: 2004/010183/08 | VAT no: 473 021 6290

PBO reference no: 930 014 449 | NPO Registration: 056-334-NPO

## QUOTATION FORM

QUOTATION NUMBER CS/MST/R15-16/01

### 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



**GAUTENG PROVINCE**

EDUCATION  
REPUBLIC OF SOUTH AFRICA

### BOARD OF DIRECTORS

Phiroshaw Camay (Chairperson) | Keitumetsi Bokaba | Gail Campbell | Rev Frank Chikane

Len Davids | Sathie Gounden | Dr Stanley Liphadzi | Cllr Mally Mokoena

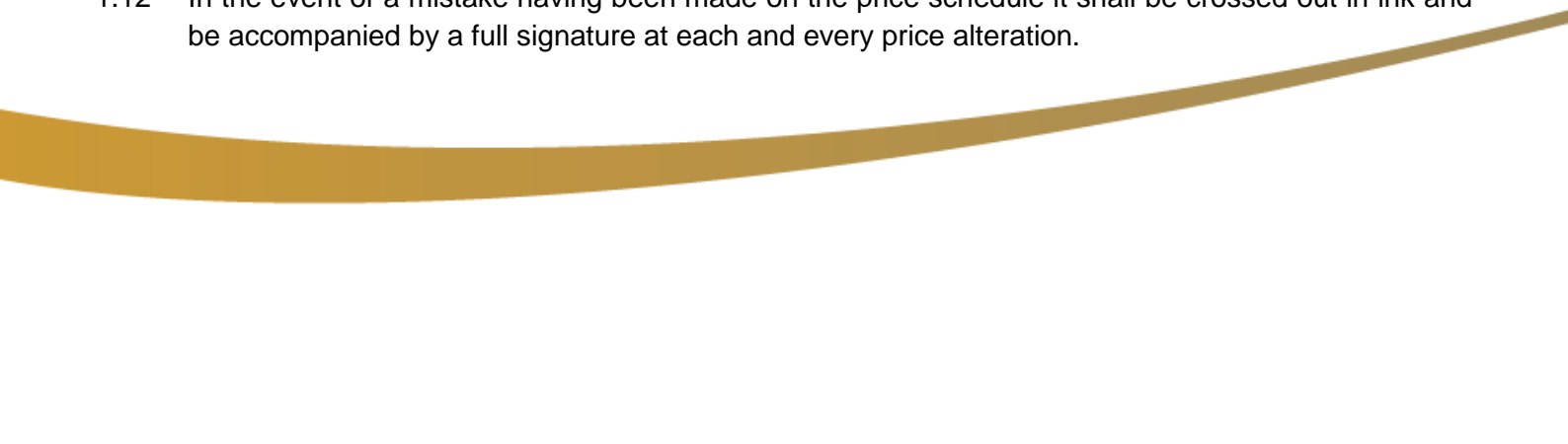
Seleheng Mokose | Cllr Nonceba Molwele | Dr Vathiswa Papu – Zamxaka

Andries Tshabalala | Tom Waspe | Felleng Yende

Telephone Number	
Cell Phone Number	
Fax Number	
email address	

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## 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.
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- 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		

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### 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):*



