



**RE-REQUEST FOR FORMAL WRITTEN
QUOTATION
CLOSING DATE: 27 JANUARY 2022 @12h00**

TECHNICAL/SPECIFICATIONS RELATED ENQUIRIES	Mbusi Nzama –032 437 9461—mbusi.nzama@ilembe.gov.za
ADMINISTRATIVE ENQUIRIES	MS NP Gumede-032 551 8751-- nomusa.gumede@ilembe.gov.za
REFERENCE	FD/18343/2022
DATE OF ISSUE	20 JANUARY 2022

Kindly submit (on your company letterhead); a written price quotation for the following: -

ITEM NO.	QUANTITY	DESCRIPTION
1.	150	SUPPLY AND DELIVERY OF BRANDED IDM CUSTOMER CARE ACKNOWLEDGEMENT RECEIPT BOOKS: Triplicate (GREEN, YELLOW & WHITE) A4 BOUNDED ON THE SIDE WITH BROWN COVER AS PER ATTACHED SAMPLE.
2.	150	SUPPLY AND DELIVERY OF BRANDED IDM TERMINATION BOOKS: Triplicate (GREEN, YELLOW & WHITE) A4 BOUNDED ON THE SIDE WITH BROWN COVER AS PER ATTACHED SAMPLE.
3.	150	SUPPLY AND DELIVERY OF BRANDED REFUND BOOKS: Triplicate (GREEN, YELLOW & WHITE) A4 BOUNDED ON THE SIDE WITH BROWN COVER AS PER ATTACHED SAMPLE.

All bidders must PLEASE ensure that they have a clear knowledge of what they are quoting for.

Quotations must be submitted in a sealed envelope clearly marked with the company name and address, the correct REFERENCE Number must be written on the outside of the envelope containing the quotation. Quotations must be deposited into the Quotations Box situated at the Reception Area, Technical Services Building, 12 Haysom Road, KWA-DUKUZA by no later than the closing date and time where they will be opened in public. No late submission will be accepted.

The following conditions will apply:

- Price(s) quoted must be valid for at least thirty (30) days from date of offer.
- Price(s) quoted must be firm and inclusive of VAT, vendors not registered for VAT with SARS will be treated as Non-Vat vendors.
- Price(s) quoted must include delivery costs and a firm delivery period must be indicated
- This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Regulations 2017, pertaining to Preferential Procurement Policy Framework Act (No 5 of 2000) and for this purpose the enclosed forms MBD 4 & MBD 6.1 (also available on www.ilembe.gov.za) must be scrutinized, completed and submitted together with your quotation.
- Notwithstanding the need to advance socio-economic transformation objectives, the Municipality reserves the right to ensure value for money and cost effectiveness by conducting negotiations of the final prices so that they are market related.
- Suppliers submitting quotation should be registered with Central Suppliers Database (CSD), CSD number must be submitted. If supplier is not registered they cannot be considered for evaluation. If supplier wants to be registered with CSD they must go to www.csd.gov.za and get themselves registered.
- The tax clearance information (including unique SARS PIN) submitted by the prospective bidders will be verified and all bidders whose tax matters are not in order upon verification will be notified and given 7 working days to resolve their matters with SARS.
- Certified copy of BBBEE Certificated or Sworn Affidavit must be supplied together with quotation.

NB: No quotations will be considered from persons in the service of the state!

Failure to comply with these conditions will invalidate your offer. iLembe District Municipality does not bind itself to accept the lowest or any of the bids and reserves the right to accept the whole or part of the bid.

NG KUMALO

MUNICIPAL MANAGER



IDM No 2103

ILEMBE DISTRICT MUNICIPALITY
ACCOUNTS ENQUIRES
CUSTOMER CARE ACKNOWLEDGEMENT RECEIPT

SYSTEM REFERENCE NUMBER

[Empty box for system reference number]

- indigent support
- new application
- termination
- reconnection
- refund
- (other - specify)

DATE RECEIVED

D	D	M	M	Y	E	A	R
1	0	0	4	2	0	1	7

CUSTOMER

surname: Vankeer
 name: Tasmah
 contact no: 078 208 7118

ACCOUNT NUMBER

2008899

ERF NUMBER/AREA

[Empty grid for ERF number]

OFFICE

Stanger

OFFICIAL: NAME & SIGNATURE

[Name: V.B. Boochoza] [Signature]

OFFICIAL CONTACT NUMBER

032-4379373



IDM No 2104

ILEMBE DISTRICT MUNICIPALITY
ACCOUNTS ENQUIRES
CUSTOMER CARE ACKNOWLEDGEMENT RECEIPT

SYSTEM REFERENCE NUMBER

R3366 - [Empty box for system reference number]

- indigent support
- new application
- termination
- reconnection
- refund
- (other - specify)

DATE RECEIVED

D	D	M	M	Y	E	A	R
1	7	0	5	2	0	1	7

CUSTOMER

surname: KHuli
 name: Lungisani G
 contact no: 075 214 5836

ACCOUNT NUMBER

1241771

ERF NUMBER/AREA

[Empty grid for ERF number]

OFFICE

Stanger

OFFICIAL: NAME & SIGNATURE

[Name: V.B. Boochoza] [Signature]

OFFICIAL CONTACT NUMBER

032-4379373

E-mailed - 6064 300



REFUND REQUEST APPLICATION

IDM 01399

I _____ (full name), identity number _____, owner/tenant/authorised agent of property situated at _____, hereby request for a refund of _____, on account number _____

I request that the refund be made as follows:

Electronic Fund Transfer or Cheque Payment

1. Bank Details
Bank Name : _____
Account Number : _____
Account Type : _____
Branch : _____
Branch Code : _____

2. Postal Address : _____ Postal Code : _____

3. Contact Details : Landline : _____ Mobile No. : _____

I agree that the refund will be done in terms of the Ilembe District Municipality policies, procedures and tariff charges.

APPLICANT SIGNATURE

DATE

Please attach a copy of your identity document or company documents and/or proof of payment if credit is due to account overpayment and your refund will be processed in 4 to 6 weeks.

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OFFICIAL USE ONLY

Lot Number	Street Address (Name & Number)	Meter Alpha & Number	Route & Sequence Number

New Client Taking Over

Name : _____
Account Number : _____
Meter Linked : Yes or No
Sewer Linked : Yes or No if no. account number _____ or non-sewer confirmation.
Total Amount Refundable: _____

Deposit (Non-Vatable):	<input type="checkbox"/>	_____
Other (Vatable)	<input type="checkbox"/>	_____ (Vat inclusive)
Refund Reason	Account Closed <input type="checkbox"/>	Payment <input type="checkbox"/>
	Property Transfer <input type="checkbox"/>	or _____
Other specify: _____		

Journal Details: _____

Prepared By : _____ Signature : _____ Date : _____
Checked By : _____ Signature : _____ Date : _____
Processed By : _____ Signature : _____ Date : _____
Authorized By : _____ Signature : _____ Date : _____



ILEMBE DISTRICT MUNICIPALITY

P.O. Box 1788, Stanger, 4450
59/61 MAHATMA GANDHI STREET, STANGER, 4450
TELEPHONE: 032 437 9300

TERMINATION OF MUNICIPAL SERVICES N^o 3753

ACCOUNT NUMBER

DOC NO

DOCUMENT NUMBER

ACCOUNT NO

NAME

ADDRESS OF TERMINATION

TERMINATION DATE

CLEAR DEPOSIT

ROUTE NO

TELEPHONE NO

INDICATE WITH AN X) - CONSERVANCY TANK

METER NUMBER	FINAL READING	CONSUMPTION
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

FORWARDING ADDRESS

CODE

RAISE BASIC CHARGE

RAISE REFUSE

CHANGE ADDRESS

TELEPHONE NO

NOTE Any refundable monies will be paid to this account holder only. The refund will be in the form of a "Not Transferable Cheque." A final account will be rendered for any monies due to the Municipality. Any monies outstanding on the terminated account may be transferred to an existing account by request.

NAME OF APPLICANT

COMPILED BY

CAPTURED BY