N.B.: This form must be completed in detail, and be forwarded to the KZNTAFA: Supply Chain Management Unit. Failure to comply with these requirements may result in the quotation being disregarded.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF bidder (FIRM)** | | |  | **DETAILS OF institution** | | |
| **Company name:** |  | |  | KWAZULu-natal tourism and film authority  SUPPLY CHAIN MANAGEMENT  Ithala Trade Centre, 29 Canal Quay (Signal) Road, Durban, 4001  **enquiries: NQOBILE SHOZI**  **TEL NO. 031 003 9000** | | |
| **Address:** |  | |
|  |  | |
| **tel no.** |  | |
| **fax no.** |  | |
| **contact person:** |  | |
| CLOSING DATE AND TIME | |  | **VALIDITY PERIOD:** | 90 | DAYS |
| **03/12/2024 @11:00Am** | |  |

**INFORMATION REQUIRED: . SHAREHOLDING AND OWNERSHIP DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Quantity** | **Description** | **Price** |  | **Name** | **ID Number** | **%**  **Equity** | | **Male / Female** | **Dis-abled Yes/No** | **African**  **Coloured Indian**  **White** | | **Youth**  **Yes/**  **No** | **% Time devoted to Company** | |  |  |  |  |  |  |  |
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|  |  |  | **OFFICIAL STAMP OF BUSINESS**: | | | | | | | | | | |  |  |  |  |  |  |  |
| **TOTAL QUOTATION PRICE ( INCLUSIVE OF VALUE ADDED TAX @ 15%)** | |  | COMPLYING | | |  | | | |  | | | |  |  |  |  |  |  |  |
| **Does the offer comply to specification?** *If not, furnish details of deviation in space provided for “Remarks”* | |  |  | | | | | | | | | | |  |  |  |  |  |  |  |
| **CSD NUMBER** | |  |  | | |  | | | |  | | | |  |  |  |  |  |  |  |
| **REMARKS ( IF ANY)** | |  | SIGNATURE OF BIDDER: DATE: | | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |  |  |  |  |  |  |  |