KWAZULU-NATAL PROVINCE
AGRICULTURE AND RURAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

INVITATION OF QUOTATION FROM R1 - R1 MILLION
THIS FORM SHOULD BE COMPLETED IN FULL AND SHOULD BE ACCOMPANY **A VALID BBBEE CERTIFICATE/SWORN AFFIDAVIT /CSD REPORT**

QUOTATION NUMBER: R/N/262/366	VALIDITY PERIOD OF QUOTATION..... Days (To be completed by the Supplier)
CLOSING DATE: 29/09/2026	CLOSING TIME:11H00
DESCRIPTION(SPECIFICATION/S) OF ITEMS/ SERVICE REQUIRED: SUPPLY DELIVER GARDERNING TOOLS **See attached specifications**	COMPANY NAME: TEL NO: FAX NO: CONTACT PERSON: **CSD REG NUMBER MAAA.....**
DOES OFFER COMPLY WITH SPECIFICATION?	YES/NO (DELETE WHICH EVER IS NOT APPLICABLE)
DOES ARTICLE COMPLY WITH SABS SPECIFICATION? HAS IT BEEN INSPECTED BY SABS?	YES/NO YES/NO (DELETE WHICH EVER IS NOT APPLICABLE)
DELIVERY PERIOD AFTER INITIAL ORDER?	
IS THE PRICE FIRM	
WHERE ARE THE STOCK HELD? (PHYSICAL ADDRESS, PLEASE)	
QUOTATION PRICE INCLUDING VAT (VAT TO BE ADDED BY REGISTERED VAT VENDORS ONLY)	TOTAL: R .....
OFFICIAL COMPANY STAMP / COMPANY NAME	..... SIGNATURE OF BIDDER ..... DATE
Quotation to be returned to: REONA NGIBA Reona.ngiba@kzndard.gov.za **Tel. No: 033 343 8360**	
NB: ALL DOCUMENTS PERTAINING THIS QUOTATION MUST BE COMPLETED IN FULL, SIGNED AND RETURNED WITH ALL SUPPORTING DOCUMENTS.	

SBD1

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENT OF THE (*NAME OF DEPARTMENT/ PUBLIC ENTITY*)					
BID NUMBER:	R/N/2627/366	CLOSINGDATE: 29/09/2026		CLOSING TIME:	11;00
DESCRIPTION	SUPPLY DELIVER GARDERNING TOOLS				

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (*STREET ADDRESS*)

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO		**TECHNICAL ENQUIRIES MAY BE DIRECTED TO:**	
CONTACT PERSON	**REONA NGIBA**	CONTACT PERSON	**LINDIWE NDLOVU**
TELEPHONE NUMBER	**033 343 8360**	TELEPHONE NUMBER	**076 9411727**
FACSIMILE NUMBER		FACSIMILE NUMBER	
E-MAIL ADDRESS	**reona.ngiba@kzndard.gov.za**	E-MAIL ADDRESS	**Lindi.ndlovu@kzndard.gov.za**

NAME OF BIDDER				
POSTAL ADDRESS				
STREET ADDRESS				
TELEPHONE NUMBER	CODE		NUMBER	
CELLPHONE NUMBER				
FACSIMILE NUMBER	CODE		NUMBER	
E-MAIL ADDRESS				
VAT REGISTRATION NUMBER				
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:	**OR**	CENTRAL SUPPLIER DATABASE No:	MAAA
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	Yes ☐No [IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR **THE GOODS /SERVICES /WORKS OFFERED?**	☐Yes ☐No [IF YES, ANSWER THE QUESTIONNAIRE BELOW]	

QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?	☐ YES ☐ NO
DOES THE ENTITY HAVE A BRANCH IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?	☐ YES ☐ NO
IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?	☐ YES ☐ NO

IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.

ANNEXURE A

FOR ENQUIRY ONLY

END-USER NAME : **Lindiwe Ndlovu**
CELLPHONE NUMBER : **076 941 1727**
E-MAIL ADDRESS : **Lindi.Ndlovu@kzndard.gov.za**
PROPOSED DELIVERY DATE : **19 October 2026**
DELIVERY ADDRESS : **Cnr Heeren and Van Riebeeck Street**
LOCAL MUNICIPALITY : **AbaQulusi**
DISTRICT : **Zululand**

LINE NO.	DESCRIPTION OR SPECIFICATION OF ITEM (Please be very specific and clear)	REQUIRED QUANTITY	UNIT PRICE EXCL. VAT		TOTAL PRICE	
			R	C	R	C
1.	Plastic Garden Rakes 	30				

2.	Lawnmower blades- RM40P Specification: Dimensions: 12x1x18cm Weight:1.2kg Colour: Silver Material: Aluminum 	4 sets				
3	Garden scissors	1				
4.	Machete	2				
5.	Wheelie Bin	1				
6.	Precast Nylon	1				
				*** LABOUR (IF APPLICABLE)**		
				***DELIVERY (IF APPLICABLE)**		
				TOTAL		
				***ONLY APPLICABLE TO VAT REGISTERED SUPPLIERS 15% VAT**		
				TOTAL PRICE		
CIDB Grading (IF APPLICABLE):						

COMPANY NAME : _____

CSD NUMBER : _____

ADDRESS : _____

CONTACT PERSON : _____

CONTACT NUMBER : _____

*VAT Registration No. (Supplier) ----------

PRICES ARE VALID FOR DAYS

Mark one Box (X)

30	60	90	120

SIGNATURE..... DATE.....