



REQUEST FOR QUOTATION “RFQ”

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|--|---|--------|-----------|----------|-----------------|
| MODE OF REQUESTING QUOTATION: | College Website | E-mail | Newspaper | Other | Please Specify |
| NAME OF COLLEGE SITE THAT SUBMIT RFQ: | City Campus | | | | |
| RFQ NO: | | | | | |
| DESCRIPTION OF GOODS AND SERVICES REQUIRED: | SPECIFICATIONS | | | | QUANTITY |
| BEAUTY AND NAILS | Depileve Collar rings | | | | 2 |
| | Depileve XL body Applicator Spatulas (box) | | | | 2 |
| | Depileve Paraclean | | | | 2 |
| | Depileve eyebrow applicators (box) | | | | 2 |
| | Depileve facial wax strips (box) | | | | 2 |
| | Depileve Depil box pre cut strips (box) | | | | 2 |
| | Depileve Neo wax warmer double 800g | | | | 1 |
| | Depileve Universal heater duo cartridge | | | | 1 |
| | Depil Bella Brazilian roll on wax (cartridge) | | | | 2 |
| | Depileve chlorophyll depilatory wax roller | | | | 4 |
| | Depileve dermobalance lotion | | | | 2 |
| | Depileve soothing cream | | | | 2 |
| | Depileve pre base gel | | | | 2 |
| | Depileve folimousse | | | | 2 |
| | Depileve Pearl rosin wax | | | | 2 |
| | Depileve milk cleanser | | | | 2 |
| | Depileve oil cleanser | | | | 2 |
| | Depileve waxceutical DNA crystal | | | | 2 |
| | Depileve Folisan | | | | 2 |
| | Steel therapist trolley (Wax) | | | | 1 |
| Gloves Medium/Large boxes | | | | 2 | |

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| | Reflecto Eyebrow tint brown | 2 |
| | Reflecto Eyebrow tint black | 2 |
| | Reflecto Eyebrow tint blue black | 2 |
| | Eyebrow perakside | 2 |
| | Facial steamer | 1 |
| | Magnifying lamb | 1 |
| | Facial sponges (packet) | 20 |
| | Facial bowl 23 cm | 4 |
| | Anesi facial wash 500 ml | 2 |
| | Anesi facial exfoliant 500 ml | 2 |
| | Anesi toner 500 ml | 2 |
| | Anesi moisturiser 500 ml | 2 |
| | Anesi mask 500 ml | 2 |
| | Anesi serum 250 ml | 2 |
| | Mask brush | 4 |
| | Gel for high frequency treatment | 2 |
| | High frequency machine | 1 |

Please submit the following:

- ☐ Quotation.
- ☐ CIPCO documents.
- ☐ Valid B-BBEE Certificate.
- ☐ Valid Tax Clearance Certificate.
- ☐ Copy of latest municipal services account for business as proof of residence.
- ☐ CSD report.

NORTHERN CAPE URBAN TVET COLLEGE
CENTRAL OFFICE
 PRIVATE BAG X5031 KIMBERLEY 8300
Decoko
 2025-06-11
 Signature: _____ DATE: _____
 TEL: 053 839 2098 Email: lecoko@ncutvet.edu.za
SUPPLY CHAIN MANAGEMENT

| | | | |
|---|---|-----------------------|------------|
| ISSUING DATE: | 11/06/2025 | | |
| BRIEFING SESSION: | Compulsory | Not compulsory | |
| | Time: | Date: | |
| CLOSING: | Time: 12:30 | Date: 17/06/2025 | |
| QUOTATION VALIDITY PERIOD: | | | |
| DELIVERY OR SUBMISSION INSTRUCTIONS FOR RFQ: | Submission of quotations must be delivered to: 35-39 LONG STREET 8301 All quotations need to be signed and on an official letterhead. All service providers must be registered on the Northern Cape Urban TVET College's supplier database. Application form can be downloaded from our website. | | |
| ENQUIRIES | Tel: 053-839 2041/qc@ncutvet.edu.za | DATE | 11/06/2025 |