



Form number – RFQ002

## REQUEST FOR QUOTATION “RFQ”

|                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |       |        |  |                       |            |            |  |                 |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--|-----------------------|------------|------------|--|-----------------|----------|--|
| <b>MODE OF REQUESTING QUOTATION</b>                                                                                                                                                                                                 | College Website                                                                                                                                                                                                                                                                                             | X     | E-mail |  | Newspaper             |            | Other      |  | Please Specify  | Printing |  |
| <b>RFQ NO:</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                             |       |        |  |                       |            |            |  |                 |          |  |
| <b>DESCRIPTION OF GOODS AND SERVICES REQUIRED:</b>                                                                                                                                                                                  | <b>SPECIFICATIONS</b>                                                                                                                                                                                                                                                                                       |       |        |  |                       |            |            |  | <b>QUANTITY</b> |          |  |
| <b>One way mirror tint vinyl.</b>                                                                                                                                                                                                   | 370 x 800 mm<br>330 x 760 mm<br><br>Installation included                                                                                                                                                                                                                                                   |       |        |  |                       |            |            |  | 12<br>12        |          |  |
| <b>Please submit the following:</b><br><input type="checkbox"/> Quotation<br><input type="checkbox"/> Valid B-BBEE Certificate.<br><input type="checkbox"/> Valid Tax Clearance Certificate.<br><input type="checkbox"/> CSD report |                                                                                                                                                                                                                                                                                                             |       |        |  |                       |            |            |  |                 |          |  |
| <b>ISSUING DATE:</b>                                                                                                                                                                                                                | 19/06/2026                                                                                                                                                                                                                                                                                                  |       |        |  |                       |            |            |  |                 |          |  |
| <b>BRIEFING SESSION:</b>                                                                                                                                                                                                            | <b>Compulsory</b>                                                                                                                                                                                                                                                                                           |       |        |  | <b>Not compulsory</b> |            |            |  |                 |          |  |
|                                                                                                                                                                                                                                     | Time:                                                                                                                                                                                                                                                                                                       | N/A   |        |  | Date:                 | N/A        |            |  |                 |          |  |
| <b>CLOSING:</b>                                                                                                                                                                                                                     | Time:                                                                                                                                                                                                                                                                                                       | 10h00 |        |  | Date:                 | 24/06/2026 |            |  |                 |          |  |
| <b>QUOTATION VALIDITY PERIOD:</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                             |       |        |  |                       |            |            |  |                 |          |  |
| <b>DELIVERY OR SUBMISSION INSTRUCTIONS FOR RFQ:</b>                                                                                                                                                                                 | Submission of quotations must be sent to:<br><br><b>qc@ncutvet.edu.za</b><br><br>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. |       |        |  |                       |            |            |  |                 |          |  |
| <b>ENQUIRIES</b>                                                                                                                                                                                                                    | Tel: 053-839 2063                                                                                                                                                                                                                                                                                           |       |        |  | <b>DATE</b>           |            | 19/06/2026 |  |                 |          |  |

