



## REQUEST FOR QUOTATION “RFQ”

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                        |        |                       |             |                 |
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| <b>MODE OF REQUESTING QUOTATION:</b>                                                                                                                                                                                                                                                                                                                                                                                               | College Website                                                                                                                                                                                                                                                                                                        | E-mail | Newspaper             | Other       | Please Specify  |
| <b>NAME OF COLLEGE SITE THAT SUBMIT RFQ:</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                        |        |                       |             |                 |
| <b>RFQ NO:</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                        |        |                       |             |                 |
| <b>DESCRIPTION OF GOODS AND SERVICES REQUIRED:</b>                                                                                                                                                                                                                                                                                                                                                                                 | <b>SPECIFICATIONS</b>                                                                                                                                                                                                                                                                                                  |        |                       |             | <b>QUANTITY</b> |
| Medicals (LGSETA)                                                                                                                                                                                                                                                                                                                                                                                                                  | Bricklayer<br>Plumber                                                                                                                                                                                                                                                                                                  |        |                       |             | 60              |
| <p><sup>02</sup> Please submit the following:</p> <p><input type="checkbox"/> Quotation.</p> <p><input type="checkbox"/> CIPCO documents.</p> <p><input type="checkbox"/> Valid B-BBEE Certificate.</p> <p><input type="checkbox"/> Valid Tax Clearance Certificate.</p> <p><input type="checkbox"/> Copy of latest municipal services account for business as proof of residence.</p> <p><input type="checkbox"/> CSD report.</p> |                                                                                                                                                                                                                                                                                                                        |        |                       |             |                 |
| <b>ISSUING DATE:</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 14/09/2026                                                                                                                                                                                                                                                                                                             |        |                       |             |                 |
| <b>BRIEFING SESSION:</b>                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Compulsory</b>                                                                                                                                                                                                                                                                                                      |        | <b>Not compulsory</b> |             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Time:                                                                                                                                                                                                                                                                                                                  |        | Date:                 |             |                 |
| <b>CLOSING:</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | Time:                                                                                                                                                                                                                                                                                                                  |        | Date:                 | 15/09/2026  |                 |
| <b>QUOTATION VALIDITY PERIOD:</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                        |        |                       |             |                 |
| <b>DELIVERY OR SUBMISSION INSTRUCTIONS FOR RFQ:</b>                                                                                                                                                                                                                                                                                                                                                                                | <p>Submission of quotations must be delivered to:<br/>35-39 LONG STREET<br/>8301</p> <p>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.</p> |        |                       |             |                 |
| <b>ENQUIRIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | Tel: 053-839<br>2041/geraldene.mokokong@ncutvet.edu.za                                                                                                                                                                                                                                                                 |        |                       | <b>DATE</b> | 14/09/2026      |

