higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

NORTHERN CAPE URBAN TVET COLLEGE

SABS ISO 9001

Form number – RFQ002

REQUEST FOR QUOTATION "RFQ"

MODE OF REQUESTING QUOTATION:	CollegeWeb site		E-mail	X	Newspaper		Other		Please Specify
NAME OF COLLEGE SITE THAT SUBMIT RFQ:	**CENTRAL OFFICE**								
RFQ NO:									

DESCRIPTION OF GOODS AND SERVICES REQUIRED:	**SPECIFICATIONS**	**QUANTITY**
REMITTANCE ADVICE BOOKS & RFQ STAMP	Remittance Advice Books RFQ Stamp Self-inking stamp made with a separate number band for the 001 part. See attached samples	30 2

Please submit the following:

- ✓ Quotation.
- ✓ Valid Tax Clearance Certificate.
- ✓ Valid B-BBEE Certificate.
- ✓ CSD report

ISSUING DATE:	02/09/2026				
BRIEFING SESSION:	**Compulsory**			**Not compulsory**	X
	Time:	N/A	Date:	N/A	
CLOSING:	Time:	10:00AM	Date:	07/09/2026	
QUOTATION VALIDITY PERIOD:					
DELIVERY OR SUBMISSION INSTRUCTIONS FOR RFQ:	Submission of quotations must be delivered to: Supply Chain Management (SCM) Central Office Long Street Kimberley 8301 qc@ncutvet.edu.za 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 2094**		**DATE**	02/09/2026	

NORTHERN CAPE URBAN TVET COLLEGE
CENTRAL OFFICE
PRIVATE BAG X5031 KIMBERLEY 8300
2026-08-02
SIGNATURE DATE
TEL: 053 839 2098 Email: lecoko@ncutvet.edu.za
SUPPLY CHAIN MANAGEMENT

higher education & training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

REMITTANCE ADVICE
BETAALADVIES

NORTHERN CAPE URBAN TVET COLLEGE

SABS NOSA

CENTRAL OFFICE
35-39 Long Street
Kimberley
8301

HOUSE ELLIOT
43 Lawson Street
KIMBERLEY
8301

Tel: +27 53 839 2032
procurement@ncutvet.edu.za
www.ncutvet.edu.za

Voucher Number: Bewysstuknommer:	
Cheque Number: Tjeknommer:	
Dated: Gedateer:	

DATE STAMP
DATUMSTEMPEL

Account: Rekening:	

ACCOUNT FOR THE MONTH
REKENING VIR DIE MAAND ______________ 20 ______

Our cheque for the amount of
Ons tjek vir die bedrag van R ______________. ______ is attached in payment of: word aangeheg ter betaling van:

1. Services by suppliers / Leweransierdienste

ORDER BESTELLING		INVOICE FAKTUUR		AMOUNT BEDRAG		REMARKS OPMERKINGS
NUMBER NOMMER	DATE DATUM	NUMBER NOMMER	DATE DATUM			

2. Other / Ander

SwiftPrint 97956

____
Principal / Hoof

RFQ 001