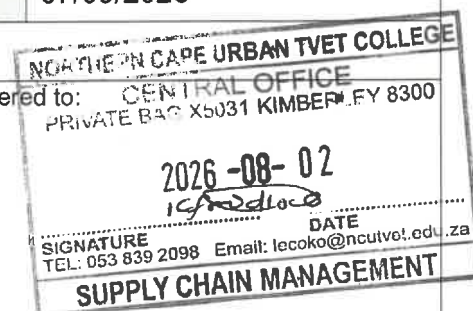




REQUEST FOR QUOTATION “RFQ”

MODE OF REQUESTING QUOTATION:	CollegeWeb site	E-mail	☒	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						30	
	RFQ Stamp						2	
	Self-inking stamp made with a separate number band for the 001 part.							
	See attached samples							
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		☒			
	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: CENTRAL OFFICE PRIVATE BAG X5031 KIMBERLEY 8300 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	





higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

REMITTANCE ADVICE BETAALADVIES



NORTHERN CAPE
URBAN TVET
COLLEGE
SABS
10000
NOSA

CENTRAL OFFICE
35-39 Long Street
Kimberley
8301

HOUSE ELLIOT
33 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:	
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ACCOUNT FOR THE MONTH
REKENING VIR DIE MAAND _____ 20 _____

Our cheque for the amount of _____ is attached in payment of:
Ons tjek vir die bedrag van R _____ 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 97855

Principal / Hoof

RFQ 001