

**QUOTATION FORM**

QUOTATION TO BE SUBMITTED TO: \_\_\_\_\_ ON: \_\_\_\_\_ FAX NO. : \_\_\_\_\_

COMPANY NAME .....

SUPPLIER NO .....

ADDRESS .....

.....

.....

**BANK DETAILS**

<b>BANK:</b>	
<b>ACCOUNT NO:</b>	
<b>ACCOUNT TYPE:</b>	
<b>BRANCH:</b>	
<b>BRANCH CODE:</b>	

CONTACT PERSON..... **BBBEE LEVEL:** .....

CONTACT NUMBER..... **NAME OF DIRECTOR:** .....

VAT NUMBER ..... **ID NO:** .....

**TAX REGISTRATION NUMBER / SARS PIN NO:** .....

LINE NO.	DESCRIPTION OR SPECIFICATION OF ITEM (Please be very specific and clear)	REQUIRED QUANTITY	PRICE PER ITEM (including VAT)		TOTAL PRICE	
			R	C	R	C
1						
2						
3						
4						
5						
6						
<b>TOTAL PRICE (Inclusive of VAT)</b>						

**INDEPENDENT BID/QUOTATION DETERMINATION**

I hereby confirm as per the contents of the Competition Act No. 89 of 1989, that there was no consultation, communication, agreement or arrangement entered into with any competitor and that the price was arrived at independently.

**PRICES ARE VALID FOR ..... DAYS**

*(Tick the boxes below for the delivery)*

2days       7days       14days       30 days

SIGNATURE.....

*(Service Provider)*

DATE.....

**Company stamp**