



Sahl

**CHRIS HANI**  
DISTRICT MUNICIPALITY  
SUSTAINING GROWTH  
THROUGH OUR PEOPLE

*Office of the Municipal Manager  
Supply Chain Management*

TEL: 045 808 4662 /63 /54 /55  
FAX: 045 839 2437

PRIVATE BAG X 7121  
QUEENSTOWN, 5320

Email: [nraraza@chrishanidm.gov.za](mailto:nraraza@chrishanidm.gov.za)

Enq: Nolukhanyo Raraza

Date: 25 July 2019

To: To Whom It May Concern

**REQUEST FOR FORMAL WRITTEN QUOTATION**

Kindly furnish me with a written quotation for the supply of the goods/services as detailed in the enclosed schedule.

The quotation must be submitted on the letterhead of your business and can either be faxed or deliver by hand within three working days to: **Nolukhanyo Raraza**

The following conditions will apply:

- Price(s) quoted must be valid for at least thirty (30) days from date of your offer.
- Price(s) quoted must be firm and must be inclusive of VAT.
- A firm delivery period must be indicated.
- For all transactions exceeding **R30 000**, must be accompanied by a **valid Tax clearance Certificate, BEE Certificate, Declaration form (MBD 4.1)** and a Confirmation of **Banking Details**.

Failure to comply with these conditions may invalidate your offer.

Yours faithfully

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**SIGNATURE**

**Queries contact:  
045 808 4662**




**Please supply us with your bank details in your quotation. Please Fax them to this number 045 839 2437. SAKHISIZWE - WATER SERVICES**

| No. | Quantity | Description       |
|-----|----------|-------------------|
| 1   | 10       | 70kg Chlorine Gas |

**Note: The test must be from an accredited laboratory/ laboratory that participates in SABS (proficiency testing samples).**

**For any queries please contact Ayanda Gxaba @045 808 4766**

 25/7/19

  
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