

Hild Main Street
Medicate
PH Box 16,
Medicate, 47(8)
346 939 257 3133,
Page 119 257 3173

REQUEST FOR QUOTATION

	1	LGOLO	1 1 01	\ QUUIA	11014			
SUPPLIER	NAME					TEL.		
DATE:-		ATT:				FAX:		
below. The	th the Matatiele Local Mu quotation must be submit sealed envelope and reti	ted on the	eletter	head of yοι	ır business	and can e	ither be faxed	or delivered
No LPriceA firr	ng conditions will apply ate Submissions will be e as must be inclusive of VA in delivery period must be omply with these condit	ntertained T and be indicated	firm fo	•	offer.			
DESCRIPTION / SPECIFICA				QTY	UNIT PRICE		PRICE EXCL VAT	
					R	С	R	С
3 YEAR PLAN	O TRUST BUSINESS SSL CERTIF RENEWAL	FICATE WITH	SAN	1				
				VAT				
				TOTAL	INCLUSIVI	E		

SUPPLIERS REPRESENTATIVE / AUTHORISED SIGNATORY

SUPPLIERS STAMP