SECTION 2.3: MBD 3.1 PRICING SCHEDULE

NOTE: ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED

SERVICE	QUANTITY	YEAR 1 (VAT EXCL.)	YEAR 2 (VAT EXCL.)	YEAR 3 (VAT EXCL.)
Baseline/Pre-Placement, Periodic, Transfer and Exit Medical Examination	Price per one (1) official			
Lung function tests	Price per one (1) official			
Hepatitis A and B inoculation	Price per one (1) official			
Medical evaluations for incapacity investigations	Price per one (1) official			
Completion of disability application forms	Price per one (1) official			
Chest X-rays	Price per one (1) official			
Detailed report of recommendations based on medical evaluation in case needed	Price per one (1) official			
SUB-TOTAL (VAT EXCL.)		R	R	R
VAT 15% (IF REGISTERED)		R	R	R
TOTAL (VAT INCL.)		R	R	R

Tenderers should price on the pricing schedule as indicated above.

DECLARATION,

Initials of Service Provider's Authority: .....

I, THE UNDERSIGNED (NAME) .....
CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE: .....

NAME: .....

CAPACITY: .....DATE: .....

Initials of Service Provider's Authority: .....