

REQUEST FOR QUOTATION (RFQ) FORM

CONTACT PERSON	Nana Modiba	
EMAIL ADDRESS	nana.modiba@tia.org.za	
CLOSING DATE	Monday 09 February 2026 at 08h00	
DELIVERY ADDRESS	Small Enterprise Development and Finance Agency (SEDFA), branch is at Ehlanzeni, 16 Brander Street, Trust Building, First Floor, Suite 103, Nelspruit,1200	
DESCRIPTION OF GOODS / SERVICES		
ITEM DESCRIPTION	QUANTITY	PRICE
<p>Request for quotation for catering services for the National Cleantech Innovation Challenge (NCIC) – Stakeholders Partnership Sessions in Mpumalanga on Tuesday 10 February 2026.</p> <p>Breakfast at 09:30: arrival snacks and refreshments for 20 people</p> <ul style="list-style-type: none"> Enough tea and coffee (also provide with cups) 2x Seasonal fruit salad platter 4x Muffins platter 4x Scones with jam and cream platters <p>Light finger lunch at 13:00:</p> <ul style="list-style-type: none"> 2x Meatballs platter 2x Mini sausage rolls platter 2x Spring rolls platter 2x Chicken wings platter 2x Cheese and corn bites/ pumpkin fritters (for vegetarians) platter 2x Mini quiche (spinach and feta, quiche lorraine) platter 20x Assorted mixed drinks in cans <p>NB!! Please bring (cutlery and crockery) plates, utensils, straws, serviettes, cups, teaspoons. Catering equipment must be clean and food to be delivered on time and look presentable.</p>		
<ol style="list-style-type: none"> Invoice paid after good and services delivery and within 30 days as per the National Treasury Act. Suppliers must all be registered on the Central Supplier Database Quotations: to be accompanied by SBD 4 AND 6.1 forms, Proof of specific goals where applicable, the completed and signed request for quotation form Quotation received after the closing date and time will not be considered. 80/20 preferential point system will be used The validity period of price quotations after the closing date is 30 days 		
SPECIFIC GOALS FOR TIA FOR DAY - TO - DAY PROCUREMENT	PROOF	

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50% OWNED BY HISTORICALLY DISADVANTAGED INDIVIDUALS	5	SHARE REGISTER / CSD REPORT
51% OWNED BLACK WOMEN	5	SHARE REGISTER /CSD REPORT
AT LEAST ONE OF THE OWNERS HAS A DISABILITY / DISABILITIES	5	STATEMENTS OR LETTERS ON A PHYSICIAN'S / MEDICAL PROFESSIONAL'S LETTERHEAD WITH PRACTISE NUMBER CONFIRMING DISABILITY
AT LEAST ONE OF THE OWNERS IS A YOUTH	5	COPY OF A CERTIFIED ID CARD
TOTAL		20
SUPPLIER'S INFORMATION		
COMPANY NAME		
CONTACT PERSON		
CONTACT NUMBER		
EMAIL ADDRESS		
SIGNATURE		DATE