

SECTION 2.3: MBD 3.1 PRICING SCHEDULE – FIRM PRICES

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

Pricing Instructions

Pricing criteria 1 as per table below must be indicated as a batch of 1000 units only, thereafter (at the bottom) multiplied by 10 to provide a total sum of 10 000. Please note that the headings and consequently three columns represents the pricing of the outer two years.

Pricing Criteria 1 – E-mail			
COSTS: MAILER COST PER 1000 (Via email)	Financial year 1 (VAT Excl.)	Financial year 2 (VAT Excl.)	Financial year 3 (VAT Excl.)
1. Mailer cost – Per 1000	R	R	R
2. Storage – Statements Per 1000	R	R	R
3. Formatting Per 1000	R	R	R
4. Newsletter (1xA4 page) Colour Per 1000	R	R	R
5. Newsletter (2xA4 pages) colour Per 1000	R	R	R
6. Any additional cost for any of the above (please specify) Per 1000	R	R	R
7. SUB TOTAL (Vat Excl.)	R	R	R
8. VAT 15% (If Registered)	R	R	R

9. Tender Price: calculated at an average of 10 000 (Ten Thousand) accounts via e-mail per month. (Inclusive of Vat)	R	R	R
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Pricing criteria 2 as per table below must be indicated as a batch of 1000 units only, thereafter (at the bottom) multiplied by 8.5 to provide a total sum of 8 500. Please note that the headings and consequently three columns represents the pricing of the outer two years.

Pricing Criteria 2 - Post			
COSTS: PRINTING & MAILER COST PER 1000 (via post)	Financial year 1 (VAT Excl.)	Financial year 2 (VAT Excl.)	Financial year 3 (VAT Excl.)
7. Paper/Mailer cost – Included in Litho printing Per 1000	R	R	R
8. Litho Printing & Storage – Statements Per 1000	R	R	R
9. Laser Printing & Formatting Per 1000	R	R	R
10. Newsletter (1xA4 page) Colour both sides Per 1000	R	R	R
11. Newsletter (2xA4 pages) colour both sides (folded and inserted) Per 1000	R	R	R
12. Additional Inserts (Newsletter A4, print, Fold & Insert) Per 1000	R	R	R
13. Mail processing – Statements Per 1000	R	R	R
14. Postage (per item with discount) Per 1000	R	R	R
15. Letter printed on mailer (mono) Per 1000	R	R	R
16. Any additional cost for any of the above (please specify) Per 1000	R	R	R

11. SUB TOTAL (Vat Excl.)	R	R	R
12. VAT 15% (If Registered)	R	R	R
13. Tender Price: calculated at an average of 8 500 (Eight Thousand Five hundred) accounts via post per month. (Inclusive of Vat)	R	R	R

Pricing criteria 3 as per table below must indicate any or all additional cost not included in pricing criteria 1 above. These amounts, and only if applicable and/or payable by Hessequa municipality, must be indicated totals for the entire financial year, if and when applicable

<u>Pricing Criteria 3</u>	Financial year 1 (VAT Excl.)	Financial year 2 (VAT Excl.)	Financial year 3 (VAT Excl.)
ONCE OFF: COSTS			
14. Initial set-up costs (Only in year 1)	R		
15. Change in set-up	R	R	R
16. List cleaning (for PAMMS certificate)	R	R	R
17. Type setting	R	R	R
18. Other:.....(please indicate)			
19. Other:.....(please indicate)			
20. Other:.....(please indicate)			
21. Other:.....(please indicate)			
11. SUB TOTAL (Vat Excl.)	R	R	R
12. VAT 15% (If Registered)	R	R	R
13. TOTAL (Inclusive of Vat)	R	R	R

The costs above must be calculated at 18 500 (Eighteen Thousand Five hundred) accounts (10 000 via email and 8500 via post) per month with an additional insert (newsletter) every month and four different colours ink (including black) used.

General: The quality of paper must preferably be 80 gsm paper.

Please note that the above pricing must be fixed for a period of 1 year.

Proof must be given that company has a license to distribute bulk accounts (postage and email).

The successful bidder must provide a detailed breakdown of its prices, costs and fees calculated on a volume basis.

The prices should be inclusive of Value-Added Tax.

Tenderers must price on the pricing schedule as indicated above.

Failure to adhere to the beforementioned may result in your tender being declared non-responsive.

DECLARATION,

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: