

# REQUEST FOR QUOTATION (RFQ) FORM

EMAIL ADDRESS	Bongani.mtshali@tia.org.za		
CLOSING DATE	15 July 2025 Time 11:00		
DELIVERY ADDRESS	Bongani.Mtshali@tia.org.za		
DESCRIPTION OF GOODS / SERVICES			
ITEM DESCRIPTION		QUANTITY	PRICE
Acquisition of Customer Experience Management (CEM or CXM) System- <b>please refer to the attached specification document for further details</b>			
<p>1. Invoice paid after good and services delivery and within 30 days as per the National Treasury Act.</p> <p>2. Suppliers must all be registered on the Central Supplier Database</p> <p>3. 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</p> <p>4. Quotation received after the closing date and time will not be considered.</p> <p>5. 80/20 preferential point system will be used</p>			
SPECIFIC GOALS FOR TIA FOR DAY - TO - DAY PROCUREMENT		PROOF	
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	