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| --- | --- | --- | --- | --- | --- | --- |
| **Contact Person** | Mapule Msiza | | | | | |
| **Email Address** | Mapule.msiza@tia.org.za | | | | | |
| **Closing Date** | 20 January 2025 | | | | | |
| **delivery address** | Technology innovation agency  Umbogintwini industrial complex  1 Dickens Road  Umbogintwini  Amanzimtoti  4126  South Africa | | | | | |
| **Description of Goods / Services** | | | | | | |
| **Item Description** | | **Quantity** | |  | | |
| 1. Pierce BCA Protein Assay Kit | | **1** | |  | | |
| 1. Pierce™ Bradford Plus Protein Assay Reagent | | **1** | |  | | |
| 1. GenJet mini prep kit | | **1** | |  | | |
| 1. Broad-range protein maker (pack of 10) | | **1** | |  | | |
| 1. Low range protein makers (pack of 10) | | **1** | |  | | |
| 1. Rapid ligase | | **1** | |  | | |
| 1. 6x-His tag antibody (HIS.H8) (Invitrogen #MA1-21315) | |  | |  | | |
| 1. Goat anti-Mouse IgG (H+L), HRP-conjugated | | **1** | |  | | |
| 1. **Pierce™ ECL Substrate** | | **1** | |  | | |
| 1. Centrifugal filter 10 kDa MWCO (15 ml Sample size) Pack of 8 | | **2** | |  | | |
|  | |  | |  | | |
| 1. **Invoice paid after good and services delivery and within 30 days as per the National Treasury Act.** 2. **Suppliers must all be registered on the Central Supplier Database** 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** 4. **Quotation received after the closing date and time will not be considered.** 5. **80/20 preferential point system will be used**   **6. The validity period of price quotations after the closing date is 30 days** | | | | | | |
| **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** |  |