|  |  |
| --- | --- |
| **Contact Person** | Mapule Msiza |
| **Email Address** | Mapule.msiza@tia.org.za |
| **Closing Date** | 20 October 2025 @ 09:00am  |
| **delivery address** | 83 Lois Avenue Menlyn  |
| **Description of Goods / Services** |
|  |  |  |
| professional health care person to perform mammogram on wellness day at pretoria officenumber of people to be checked: **12**date of the event: **31 October 2025** ADDRESS: **83 LOIS AVENUE MENLYN PRETORIA****SERVICE PROVIDER TO BRING ALL THEIR REQUIRED EQUIPMENTS** |
| 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** |  |