|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 office  number 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** |  |