FORM PA01

KwaZulu-Natal Department of Economic Development, Tourism and Environmental Affairs
Requisition form for Goods / Services

To	**MANAGER: SCM**	**Requisition No.**	2025040505
Requestor's (Official) Name:	~~Tshepiso Selepe~~ Thembeka Ndlovu	Required delivery Date:	**April 2025**
Designation:	**CPS Director**	Delivery address:	**270 Jabu Ndlovu**
Business Unit	**Consumer Protection**		
Telephone Number	**033 2462716**		

REQUIRED GOODS / SERVICES (For all services/projects TOR must be attached together with the procurement strategy)

Full Description: Consumer Protection Services requires approval to utilize (1KZNTV) as a single source supplier for the Production and broadcasting of the Consumer Education and Awareness Programs referred to as (Qaphela Mthengi for a Period) of twelve (12) months

MOTIVATION FOR ACQUISITION: . The legislative mandate of Consumer Protection Act. (Schedule 4 Competency). arises from a Constitution of the Republic of South Africa. The four key functions of Consumer Protection are: Consumer Complaints, Consumer Education, Consumer Tribunal, Enforcement and Compliance

Requestor's (Official) Thembeka **Date:** 01 April 2025

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	Consumer Protection
Objective	Consumer Protection
Project	1KZNTV
Net Asset	Non-Asset Related
Regional Indicator	KZN whole Province
Item	APPROVED

Budget Allocation	R 3 600 000
Less Expenditure	R
Less Commitments	R
Budget Available	R 3600 000
Budget Estimate	

Signed by:Navlene Thavar
Signed at:2025-04-25 09:43:02 +02:00
Reason:I approve this document

Approved / Not Approved

Responsibility Manager: Name: Tshepiso Amon Selepe **Rank:** DIRECTOR

Signed by:Tshepiso Amon Selepe
Signature: Signed at:2025-04-23 14:25:28 +02:00 **Date:** 23/04/25
Reason:I approve this document

Comments:

Certification of funds: Tshepiso Amon Selepe

Budget Controller Name: N. KANYILE **Signature:** **Date:** 04. 04. 2025

For SCM use only

ASSET MANAGEMENT / ICT UNIT				
Condition of existing asset	Obsolete/ Redundant	Irrepairable (Condition report for all IT equipment required)	Satisfactory	New
Name:	Signature:	Designation:		Date:

DEMAND SECTION					
Does this appear on the procurement plan?	YES	NO	If not on procurement plan does a motivation exist	YES	NO
Name:	Signature:	Designation:		Date:	

ACQUISITION SECTION				
Quotation Number.		Funding Approval	YES	NO
Name:	Signature:	Designation:		Date:

LOGISTIC SECTION					
Award Approved by:	Name:			Date:	
Order No.:		Date:		Total Cost:	
Name:	Signature:	Designation:		Date:	

FORM PA001

KwaZulu-Natal Department of Economic Development, Tourism and Environmental Affairs
Requisition form for Goods / Services

To	MANAGER: SCM	Requisition No.	2025040505
Requestor's (Official) Name:	~~Tshepiso Selepe~~ Thembeka Ndlovu	Required delivery Date:	April 2025
Designation:	CPS Director	Delivery address:	270 Jabu Ndlovu
Business Unit	Consumer Protection		
Telephone Number	033 2462716		

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Requestor's (Official) [signature] **Date:** 01 April 2025

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	Consumer Protection
Objective	Consumer Protection
Project	1KZNTV
Net Asset	Non-Asset Related
Regional Indicator	KZN whole Province
Item	Advertising : Marketing

Budget Allocation	R 3 600 000
Less Expenditure	R
Less Commitments	R
Budget Available	R 3 600 000
Budget Estimate	

Approved / Not Approved APPROVED

Responsibility Manager: Name: Tshepiso Amon Selepe **Rank:** DIRECTOR

Signature: Signed by:Tshepiso Amon Selepe Signed at:2025-04-04 12:33:37 +02:00 Reason:I approve this document **Date:** 04/04/25

Comments: Tshepiso Amon Selepe

Certification of funds:

Budget Controller Name: AYANDA MBUYISA **Signature:** [signature] **Date:** 04/04/2025

For SCM use only

ASSET MANAGEMENT / ICT UNIT				
Condition of existing asset	Obsolete/ Redundant	Irrepairable (Condition report for all IT equipment required)	Satisfactory	New
Name:	Signature:	Designation:		Date:

DEMAND SECTION					
Does this appear on the procurement plan?	YES	NO	If not on procurement plan does a motivation exist	YES	NO
Name:	Signature:	Designation: PHUMLILE		Date:	

ACQUISITION SECTION				
Quotation Number.		Funding Approval	YES	NO
Name:	Signature:	Designation:		Date:

LOGISTIC SECTION					
Award Approved by:	Name:		Date:		
Order No.:		Date:		Total Cost:	
Name:	Signature:	Designation:			Date: