FORM PA001

Province of KwaZulu-Natal Department of Economic Development
Requisition form for Goods / Services

To Name of Official:	MANAGER: SCM Thembeka Ndlovu	Requisition No.	20240424004
Business Unit :	Consumer Protection Services	Delivery Address	Umsunduzi Municipality, Ward 2 Imbali Sportsground
Tel. Number:	0332642716	Required Delivery Date:	6 May 2024

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

Full Description: The Honorable MEC will be hosting the Consumer Awareness Education and Outreach, we therefore Target 3000 people, we therefore require services of an Events Coordinator.

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

Official's Signature: A.T Ndlovu **Date: 23/04/2024**

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Consumer Protection Services
Objective	Consumer Protection Sercives
Project	MEC outreach
Net Asset	Non Asset - Related
Regional Indicator	KZN – Whole Province
Item	Contractors : Event Promotors

Budget Allocation	R 4000 000 .00
Less Expenditure	R
Less Commitments	R
Budget Available	R 4000 000 .00
Projects/Goods/Services Estimated Amount	R

Approved/Not Approved

Responsibility Manager: Name and Rank: Tshepiso Amon Selepe DIRECTOR

Signature: Signed by:Tshepiso Amon Selepe Signed at:2024-04-23 14:10:03 +02:00 Reason:I approve this document **Date:** 23/04/24

Comments: Tshepiso Amon Selepe

Budget Controller: K. Gumede **Date:** 23/04/24

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: Thumile		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

Province of KwaZulu-Natal Department of Economic Development
Requisition form for Goods / Services

To Name of Official:	MANAGER: SCM Tshepiso Selepe	Requisition No.	20240422405
Business Unit : Tel. Number:	Consumer Protection Services 0332642716	Delivery Address Required Delivery Date:	Harry Gwala, Ward 6 Kokstad Franklin 22 May 2024

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

Full Description: The Honorable MEC will be hosting the Consumer Awareness Education and Outreach, we therefore Target 3000 people, we therefore require services of an Events Coordinator.

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

Official's Signature: A.T Ndlovu **Date: 23/04/2024**

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Consumer Protection Services
Objective	Consumer Protection Sercives
Project	MEC outreach
Net Asset	Non Asset - Related
Regional Indicator	KZN – Whole Province
Item	Contractors ' EVENT Promoters

Budget Allocation	R 400 000 .00
Less Expenditure	R
Less Commitments	R
Budget Available	R 400 000 .00
Projects/Goods/Services Estimated Amount	R

APPROVED

Approved / Not Approved

Responsibility Manager: Name and Rank: Tshepiso Amon Selepe DIRECTOR

Signature: Signed by:Tshepiso Amon Selepe Signed at:2024-04-23 14:08:12 +02:00 Reason:I approve this document **Date:** 23/04/24

Comments: Tshepiso Amon Selepe

Budget Controller: K. Gumede **Date:** 23/04/24

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: