

REQUEST FOR QUOTATION (RFQ) FORM

CONTACT PERSON	Nana Modiba	
EMAIL ADDRESS	nana.modiba@tia.org.za	
CLOSING DATE	Tuesday 10 February 2026 at 09h00	
DELIVERY ADDRESS	TIA House, 83 Lois Avenue, Menlyn, 0181	
DESCRIPTION OF GOODS / SERVICES		
ITEM DESCRIPTION	QUANTITY	PRICE
<p>Request for quotation for <u>Intelligence reports subscription:</u></p> <p>We require a service provider that can provide print and online, accurate, in depth and timely intelligence on mainly local (South Africa) and International. It's any developments happening in the following sectors so we can understand new innovations and technologies the organisation can invest in:</p> <ul style="list-style-type: none"> • Economic developments • Industrial projects • Mining Industry and related projects • Policies shaping economy • Political and legislative developments • For a period of 1 to 3 years 		
<p>1. Invoice paid after good and services delivery and within 30 days as per the National Treasury Act.</p> <p>2. Suppliers must all be registered on the Central Supplier Database</p> <p>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</p> <p>4. Quotation received after the closing date and time will not be considered.</p> <p>5. 80/20 preferential point system will be used</p> <p>6. The validity period of price quotations after the closing date is 30 days</p>		
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

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TOTAL		20	
SUPPLIER'S INFORMATION			
COMPANY NAME			
CONTACT PERSON			
CONTACT NUMBER			
EMAIL ADDRESS			
SIGNATURE		DATE	