higher education & training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

CENTRAL OFFICE
50051 Mfundi Mngadi Drive,Kwamakhutha, 4126
Tel. (031) 9051390 Fax: 031 905 1399 Email: cao.CKZCAO@KZNTVET.EDU.ZA

COASTAL KZN COLLEGE
Your Pioneering Centre of Excellence

OFFICIAL QOUTATION DOCUMENT

(T0 BE SUBMITTED WITH LATEST CSD REPORT)

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS

AT:	**UBUHLE BOGU CAMPUS**	DATE ADVERTISED:	**13/01/2026**
FASCIMILE NUMBER:	**0867625744**	ENQURIES MAY BE DIRECTED TO:	
CONTACT NUMBER:	**(031)9051390**	PHYSICAL ADRESS:	**50051 MFUNDI MNGADI DRIVE,KWAMAKHUTHA**

REQ NUMBER:02410 CLOSING TIME: **10:00** CLOSING DATE:22/01/2025

DESCRIPTION..... **FACILITIEST.....**

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER:	
PHYSICAL ADDRESS:	
CONTACT NUMBER	FACSIMILE NUMBER:
SIGNATURE OF BIDDER:	DATE:
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:	
UNIQUE REGISTRATION REFERENCE:	

Item No	Quantity	Description	Brand & model	UNIT PRICE	PRICE	C
1.		**REQUEST A SERVICE PROVIDE FOR PAINTING AT APPELSBOSCH CAMPUS** **B.O.Q. IS ATTACHED**				
		NOTE: The Site meeting will be held at APPELSBOSCH CAMPUS on Monday at (19/01/2026) 11:00,the address is 1621 APPELSBOSCH HOSPITAL ROAD , Ozwatini 3242.				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days) INCLUSIVE OF DELIVERY						

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CENTRAL OFFICE
50051 Mfundi Mngadi Drive,Kwamakhutha, 4126
Tel. (031) 9057081 Fax: 0867625744 Email: SuamadoA.CKZCAO@KZNTVET.EDU.ZA

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DECLARATION OF INTEREST

Any legal person, including persons employed by the "college[1], or persons having a kinship with persons employed by the college, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favoritism, should the resulting quote, or part thereof, be awarded to persons employed by the college, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where- - the bidder is employed by the state; and/or - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

2.1. Full Name of bidder/representative.....

2.2. Identity Number: .....

2.3. Position occupied in the Company (director, trustee, shareholder[2]): .....

2.4. Company Registration Number: .....

2.5. Tax Reference Number: .....

2.6. VAT Registration Number: .....

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

[TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state?

yes		no	

2.8.1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: ..... Name of state entity at which you or the person connected to the bidder is employed:..... Position occupied in the state institution: .....Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

[TICK APPLICABLE]

yes		no	

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

yes		no	

(Note: Failure to submit proof of such authority where applicable, may result in The disqualification of your quote

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the college in the previous twelve months?

[TICK APPLICABLE]

yes		no	

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the college and who may be involved with the evaluation and or adjudication of this quote? [TICK APPLICABLE]

yes		no	

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the college who may be involved with the evaluation and or adjudication of this quote?

[TICK APPLICABLE]

yes		no	

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

[TICK APPLICABLE]

yes		no	

2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders. NB: Coastal College will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE COLLEGE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....	.....	.....	.....
Name of Bidder	Signature	Position	Date

NO: 02410

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COASTAL KZN TVET COLLEGE
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GL NO

REQUISTION

FOR PURCHASE OF GOODS / SERVICES

Name of person requesting goods/services: G. Mthembu

Division: Facilities.

DESCRIPTION OF ITEMS / SERVICE (be as detailed as possible- include a separate sheet if required)	QTY. REQ.	APPROX. VALUE IN TOTAL	COST CENTRE	PROGRAMME			
				NCV	QCTO	NATED	OTHER
Request a service provider for painting at Appelsbosch campus							

SIGNATURE OF COMPLIER: _____ DESIGNATION: Facilities DATE: 09/01/26

MOTIVATION/COMMENTS: _____

SIGNATURE OF SUPERVISOR: _____ DESIGNATION: Manager DATE: 09/01/26

DEMAND SECTION:

CONFIRMATION THAT THE SPECIFICATIONS ARE CORRECT

SIGNATURE OF OFFICAL: _____ DESIGNATION: SCM DATE: 09/01/26

APPELSBSCH BLOCK D PAINTING BOQ					
Item No	Description	Unit	QTY	Rate	Amount
1	Surface preparation to walls (cleaning, sanding, minor filling)	m^2	2748		
2	Supply & install: acrylic primer/sealer to walls	m^2	2748		
3	Supply & install: two coats washable acrylic paint to walls	m^2	2748		
4	Supply & install: two coats of floor paint to 12 ablution facilities in block A to D.	m^2	144		
5	Surface preparation to ceilings (cleaning, sanding, spot filling)	m^2	1169		
6	Supply & install: primer/sealer to ceilings	m^2	1169		
7	Supply & install: two coats ceiling paint (matt) to ceilings	m^2	1169		
8	Supply & install: masking, protection and cutting-in to edges, fixtures and floors (apportioned)	m^2	3917		
10	Minor crack repairs and plaster touch-ups (allowance)	PS	1		
	SUM				