

CENTRAL OFFICE



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

OFFICIAL QOUTATION DOCUMENT

YOU ARE HE	REBY INVIT	ED TO QUOTE FOR REQUIREM	1ENTS			
AT:	SALES		DATE ADVERTISED:	04/03/2025		
FASCIMILE NUMBER: 0867625744		ENQURIES MAY BE DIRE	S Khuzwayo			
CONTACT NU	IMBER:	(031)9057000	PHYSICAL ADRESS.	50051 MFUNDI	MNGADI	

DESCRIPTION: ...Facilities & Infrastructure.....

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

NAME & ADDRESS OF BIDDER (FIRM)			7					
NAME OF BIDDER: THANDIZILE FORTINATE GESTINES	6	VTUL	,					
PHYSICAL ADDRESS: 62-924 SAZIENI	MISS			400				
CONTACT NUMBER 078 953 4299 SIGNATURE OF BIDDER: TMDui		FACSIMI	LE NUN	/IBER:				
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: MAAI 0925	242	DATE: C	مام حاد	IARC	H	2025	,	
UNIQUE REGISTRATION REFERENCE;	Total	N				7		
3 4 3 F C O C 8 - 8	8	90	Comp.	11	- 1	-	-	
8 C F 2 - 7 F F 3 3	2	L A	11	I	2	-	D	

Item No	Quantity	Description	Brand &	UNIT PRICE	PRICE	
	- 9	THE WAY WILL	model			С
		Request for sanitary fittings and plumbing materials.				
1.	10	Elbow size 15mm		R43-20	01120	-
2.	10	T-piece 15mm				00
3.	10	Female elbow size 15		R48-00	K480	00
4.	5	Tap size 15		R43-20	K432	00
5.	10	Toilet mechanism		R99-95		75
6.	10	Silicone		R340-00	K3 400	00
7.	5	Bottle trap		R69-99 R290-00	K679	90
8.	5	Gem buster		R69-00		00
9.	5	Tap mixer		R320 -00	100	95
10.	5	15mm straight coupling		R43-20	R216	00
/ALUE ADI	DED TAX @ 1	5% (Only if VAT Vendor)				
OTAL QU	OTATION PRI	CE (VALIDITY PERIOD 60 Days) INCLUSIVE OF DELIVERY			R9559	60



DECLARATION OF INTEREST

CENTRAL OFFICE



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

Any legal person, including persons employed by the "college¹, or persons having a kinship with persons college, including a blood relationship, may make an offer or offers in terms of this invitation to quotation, advertised competitive quote, limited quote or proposal). In view of possible allegation resulting quote, or part thereof, be awarded to persons employed by the college, or to persons conthem, it is required that the bidder or his/her authorised representative declare his/her position in evaluating/adjudicating authority where - the bidder is employed by the state; and/or - the legal bidding document is signed, has a relationship with persons/a person who are/is involved in the evolution of the quote(s), or where it is known that such a relationship exists between the person or persons declarant acts and persons who are involved with the evaluation and or adjudication of the quote.	uote (includes a p ns of favoritism, s nnected with or n relation to the person on whose valuation and or a	orice should the related to
2. In order to give effect to the above, the following questionnaire must be completed and submit		te.
2.1. Full Name of bidder/representative. THANDIZICE F.G. NILLI		
2.2. Identity Number: 670205 0408 08 2		
2.3. Position occupied in the Company (director, trustee, shareholder²):		
2.4. Company Registration Number: 2018/5/2825/07 2.5. Tax Reference Number: 9/32023244	***************************************	
2.5. Tax Reference Number: 9/32023244		
2.6. VAT Registration Number:		
2.7. The names of all directors / trustees / shareholders / members, their individual identity numb and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.	ers, tax reference	numbers
APPLICABLE]	[TICK	
2.8. Are you or any person connected with the bidder presently employed by the state?	yes	*
2.8.1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member:	ch you or the pers	son
2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertoutside employment in the public sector? [TICK APPLICABLE]	ake remunerativ	e work
[HON AFFLICABLE]	yes	no
2.8.2.1. If yes, did you attach proof of such authority to the quote document?		
(Note: Failure to submit proof of such authority where applicable, may result in The disqualification of your quote	yes	no
2.8.2.2. If no, furnish reasons for non-submission of such proof:	/\$	
	ı	

Coastal Kzn Tvet College-CAO- Request for quotation-r00

Your Company stamp here 2 of 3

T.F.G. N



CENTRAL OFFICE



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

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]



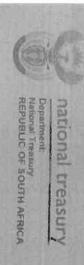
CENTRAL OFFICE



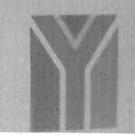
50051 Mfundi Mngadi Drive,Kwamakhutha, 4126 Tel. (031) 9057081 Fax: 0867625744 Email: SuamadoA.CKZCAO@KZNTVET.EDU.ZA

2.9.1. If so, furnish pa	rticulars: K		
2.10. Do you, or any p the college and who n APPLICABLE]	person connected with th may be involved with the o	e bidder, have any relationship (family, a evaluation and or adjudication of this qu	friend, other) with a person employed by ote? [TICK yes no X
If so, furnish particular	s: W/A		2.10.1.
2.11. Are you, or any p	erson connected with the	e bidder, aware of any relationship (fami who may be involved with the evaluatio	ly, friend, other) between any other on and or adjudication of this quote?
[TICK APPLICABLE]			yes no 🗶
2.12. Do you or any of	the directors / trustees /	shareholders / members of the company	 / have any interest in any other related
[TICK APPLICABLE]	ine and are placing for th	his contract?	
3. Full details of directo members / shareholder. If the Department cannot	rs / trustees / members / s on CSD. It is the supplie	shareholders. NB: Coastal College will was responsibility to ensure that their det	alidate details of directors / trustees /
4 DECLARATION			
I, THE UNDERSIGNED (N PARAGRAPHS 2.	AME) THAN DIZILE	CERTIFY THAT THE INF	ORMATION FURNISHED IN
I ACCEPT THAT THE COL	LEGE MAY REJECT THE QU	JOTE OR ACT AGAINST ME SHOULD THIS	DECLARATION PROVE TO BE FALSE.
HANDIZI LE	7Ntui	DIRECTOR	06/03/2025
Name of Bidder	Signature	Position	Date





CENTRAL SUPPLIER DATABASE FOR GOVERNMENT



upplier Details

upplier

eference	Supplier	Unique registration reference nr	Legal name	Trading	Identification type	Identification number	Edit	View .	Registra
A	MAAA0386814	4EA1DFC7- D13A-4510- B2AC- 347930250ED8	IGXATHI TRADING ENTERPRISE	IGXATHI TRADING ENTERPRISE	South African Company/Close Corporation Registration Number	2007/209466/23	Ø		
A	MAAA0925242	343FC0C8- 889C-4DFD- 8CF2- 7FF3324A4637	EZASEMSHOLO		South African Company/Close Corporation Registration Number	2018/512825/07	Q		

noite. Summar Report Registra

Add supplier

pyright 2015 Government of South Africa. All Rights Reserved | Terms & Conditions (/Home/Terms)

ABOUT SSL CERTIF

(http://www.ayman



South African Revenue Service

EZASEMSHOLO (PTY) LTD 62924 SHELENI ROAD ADAMS MISSION ADAMS MISSION 4100

TAX COMPLIANCE STATUS

PIN Issued

Enquiries should be addressed to SARS:

Contact Details

SARS Alberton 1528 Contact Centre Tel. 0800 00 7277 SARS website: www.sars.gov.za

Details

Taxpayer Reference Number: 9132023244

Always quote this reference number when contacting SARS Bil

Issue Date.

2024/06/19

Dear Taxpayer

TAX COMPLIANCE STATUS PIN ISSUED

The South African Revenue Service (SARS) has issued your tax compliance status (TCS) PIN as indicated below:

TCS Details:	PARTIES AND DESCRIPTION OF THE PARTIES AND	
Taxpayer Name	Ezasemsholo (Pty) Ltd	
Trading Name	EZASEMSHOLO (PTY) LTD	
Texpayor Reference Number(s)	IT - 9132023244	
Purpose of Request	Good Standing	
Request Reference Number	0042943443GS1906241221096	
PIN	E2BC68232M	
PIN Expiry Date	19/05/2025	

You may authorise a third party to view your TCS by providing them the PtN. The PtN only allows the third party access to your TCS. All your other tax information remains secure.

Your TCS displayed is based on your compliance as at the date and time the PIN is used.

You may cancel this PIN at any time before the expiry date reflected above. Once cancelled, a third party will not be able to verify your TCS.

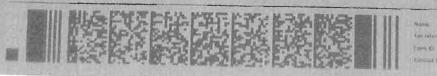
SARS reserves the right to cancel the TC3 application and associated PIN in the event that it was issued in error or provided on the basis of fraud, misrepresentation or non-disclosure of material facts.

More details regarding our channels, office hours, services, tailored information regarding tax as well as a comprehensive FAQ repository are available on the SARS website: www.sars.gov.za

We value your support and contribution to our country's economy and prosperity. We strive to ensure that you clearly understand what is expected from you, as well as what your rights as a taxpayer are.

Sincerely

ISSUED ON BEHALF OF THE COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE



98 (ZAMERONIE O INTYSE INTO INTERESE I COMP

New York Africa

Certificate issued by the Companies and Intellectual Property Commission on Thursday, October 04, 2018 06:04 Registration Certificate



Companies and Interlection Property Commission

a maisber of the Etionizati

Registration number

2018/512825/07

Enterprise name

EZASEMSHOLO (PTY) LTD

Enterprise shortened name

NOT APPLICABLE

Enterprise translated name

NOT APPLICABLE

Registration date

04/10/2018

Business start date

04/10/2018

Enterprise type

PRIVATE COMPANY

Enterprise status

IN BUSINESS

Financial year and

FEBRUARY

Type of MOI

STANDARD (COR15.1A)

Main business/main object

BUSINESS ACTIVITIES NOT RESTRICTED.

Postal address

62924 SHELENI ROAD

ADAMS MISSION

ADAMS MISSION

KWA-ZULU NATAL

4100

Address of registered office

The in in the last was the last on in last to be

62924 SHELENI ROAD

ADAMS MISSION

ADAMS MISSION

KWA-ZULU NATAL

4100

The Companies and Intellectual Property Commission of South Africa
P.O. Box 429, Pretona, 0001, Republic of South Africa

Docox 256, Pretona

Contact centre 086 100 2472



SWORN AFFIDAVIT - B-BBEE EXEMPTED MICRO ENTERPRISE

I, the undersigned.

Full name & Surname				
	THANDIDILE	FORTUNATE.	P	NTULI
Identity number	670205 0	1458 022	-1	, , , , , ,
	0 / 0 20 0	400000		

Hereby declare under oath as follows:

- 1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
- I am a member / director / owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name	EZASEMS/+OLO (PTY) LTD	
Trading Name	EZASEMBHOLD	
Registration Number	2018/5/2825 107	
Enterprise Address	ADAMS MISSION HIM	

I hereby declare under oath that:

The enterprise is 100 % black owned;

The enterprise is /00 % black woman owned;

Based on the management accounts and other information available on the 2024 financial year, the income did not exceed R10,000,000.00 (ten million rands);

Please confirm on the table below the B-BBEE level contributor, by ticking the applicable box

100% black owned.	Level One (135% B-BBEE procurement recognition)	X
More than 51% black owned	Level Two (125% B-BBEE procurement recognition)	
Less than 51% black owned	Level Four (100% B-BBEE procurement recognition)	

- The entity is an empowering supplier in terms of the dti Codes of Good Practice.
- 5. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.
- 6. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: 7/4/412

MS - HANDCOCK

ardunt 19/06/104.

AL ACCOUNTANT

127 JOHANNES NKOSI STREET, DURBAN AFFA DURBAN REF:9/1/8/2 DURBAN 27/12/2007