

INNOVATE, INTEGRATE, AUTOMATE

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					CH MINERAL DESIGNATION OF
Client Details:		QUOTATION No: JA2018-RAF-PR10065058			
Contact Person: Khensani KM. Maboya		Date: 19/01/2018			
Company: Road Accident Fund		Sales Consultant: Jivesh Arjun			
Cell:		Cell: 084 709 4142 email: jivesh@omegafs.co.za			
Tel: 012 429 5541 Fax:		Komi: 082 371 9054 email: komi@foag.co.za			
email:	Khensanimab@raf.co.za / rfq-Menlyn.procurement@raf.co.za	Graham	: 082 880) 8659 email:	graham@foag.co.za
Site	Road Accident Fund - Menlyn				
ITEM	Equipment Description	UNIT	QTY	RATE	TOTAL
				-	-
Α	Service and Maintenance as per Scope of requirements as per RFQ - (PR10065058) Weekly Maintenance visits total 52, from period January 2018 to June 2018. All Prices including VAT	Total Visits	52	R 2800,00	R 145 600,00
1	Access Control Data Base Maintenance			-	-
2	Access control harware			-	-
3	DVR / NVR			-	-
4	Cameras			-	-
5	CCTV Monitors			-	-
6	Alarm System			-	-
	Intercom			-	-
	Walk Through Metal Detector			-	-
	PA System			-	-
	Fixture			_	_
	Training and Support			_	-
	Provide Monthly Support			_	_
	The above rates allow for 2 site visits per week and includes TRAVEL (VAT Inclusive)			-	-
				-	-
				-	-
				-	-
В	Ad Hoc Work per hour including VAT			-	-
	Hourly Rate Normal Time	Per Hr		R 399,00	_
B.2	Hourly Rate After Hours, including Public Holidays , weekends	Per Hr		R 598,50	_
B.3	Call Out	Per Hr		R 598,50	-
	Travelling per km	Per KM		R 3,99	_
511	Transiting por latti	. 0		-	-
				-	-
				_	_
С	Spare Parts - (Mark Up 20%)			_	_
	cpare raine (main op 2070)			_	_
				_	_
				_	_
				_	_
				_	_
				_	_
				_	-
	TERMS & CONDITIONS OF S	ΔIF			
Paymen Delivery All pricir All good	Quote valid subject to rate of exchange (7days) It Terms: COD / 30 Days on approved accounts. 1 - 6 Weeks, subject to stock availability. In guoted, is subject to the exchange rate variations. It is / equipment remain the property Omega Fire and Security until paid for complete fire and Security reserves the right to retake posession of all equipment not paid for		tely withir	n the payment t	erm set out above
Acceptance: (Full Name)		Signature:			
Order / Reference No. :		Date			