## UNITED REPUBLIC OF TANZANIA

# PRESEDENT'S OFFICE REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

## **KIGOMA UJIJI MUNICIPAL COUNCIL**

TE. No. 028 2802535 Fax Na. 028 2802535 Email address: kummnicipal @yahoo.com



MUNICIPAL DIRECTOR'S OFFICE, P.O.BOX 44, **KIGOMA.** 

\_\_/\_\_\_/2022

# MINI-COMPETITION QUOTATION FORM

То: .....

**Re: Mini-Competition Under Framework Agreement** 

### Sub: Procurement Reference No: EA/ 005/HQ/FA/2022/2023/G Framework Agreement No: EA/ 005/HQ/FA/2022/2023/G

Subject to [*insert either clause 7.1(a*) or 7.1(*b*) or both] of the framework agreement referenced above entered between you and Government Procurement Services Agency for the procurement of common use items and services, the Purchaser calls a mini competition. This min-competition request form has also been addressed to the suppliers/service providers awarded framework agreement.

**Modified technical specifications or/and statement of requirements** [*this paragraph shall be used where clause 7.1(a) applied otherwise delete if clause 7.1(b) is used*] The technical specifications or/and statement of requirements is hereby refined as follows:

S/n	Item Code	Refined technical Specification required including applicable standards	Compliance of specification offered		
	<i>(a)</i>	(b)	(C)		

*To be filled by procuring entity: Column b states the minimum technical specification of the item(s) required by the Procuring entity.* 

**To be filled by supplier/service provider:** The Bidder is to complete column c with the technical specification of the item(s) offered and to state "comply" or "not comply" and give details of the areas of non-compliance.

S/ n	E3It em Cod	Description of Supplies or Services	Unit of Measur e	Quantity Required	Unit Price	Tax per unit [VAT]	Extended Price (Tshs)
	e						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
							[(6+7)x5]
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
	ТОТ	- AL					

#### Schedule of Supplies or Services required

You are hereby instructed to fill and return this form duly signed and enclosed in a plain envelope marked and sealed to the Purchaser indicated above within three working days after the receipt.

Please return this document fully completed.

Authorized Signature:-----

Name of Signatory: -----

Title of Signatory:
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Prepared by

Name	Name
Signature	Signature
Title	Title
Date	Date