



REQUEST FOR QUOTATION

<i>Enquiries Title</i>	SUPPLY AND DELIVERY OF JT.CLSR (3M)
<i>Enquiries No.</i>	PR10002239
<i>Enquiries Opening</i>	MONDAY, 9 TH OCTOBER 2017
<i>Enquiries Closing</i>	TUESDAY, 17 TH OCTOBER 2017, BEFORE 2.00PM LOCAL TIME
<i>Eligibility</i>	REGISTERED WITH TELBRU UNDER OP1-3 CLASS

Telekom Brunei Berhad is looking for a qualified vendors to execute the above work. Enquiries document can be obtained from TelBru Vendor Registration Unit, Supply Chain Management, Level 4, Jalan Sultan, BS8811, Bandar Seri Begawan, Negara Brunei Darussalam from **Monday to Thursday (8.00am – 11.30am and 1.15pm – 4.45pm)** and **Friday (7.45am – 11.15am and 2.15pm – 4.45pm)** no charges, or otherwise can be downloaded from <https://www.telbru.com.bn/eqquotes>

Note:

This is a Request for Quotation only and is in no way constitute as a firm Purchase Order or Contract. Telekom Brunei Berhad is not bound to accept the contractor's quotation in part or whole.

Please refer to our General Conditions of Purchase at <https://www.telbru.com.bn/scm/>

No correction fluid shall be used in the document. Errors shall be crossed out and initialized by the respective contractor. Any quotation found to be corrected using correction fluid will not be entertained.

Company's name and address is NOT REQUIRED to be printed on the envelope. Once shown, the quotation will be disqualified. Description on the quotation envelope shall include **Enquiries Title, Enquiries Number, Enquiries Opening and Enquiries Closing**. Enquiries submitted shall be addressed to:

CHAIRPERSON OF TELBRU QUOTATION COMMITTEE
LEVEL 4, RB PALAZA, JALAN SULTAN, BS 8811,
BANDAR SERI BEGAWAN,
NEGARA BRUNEI DARUSSALAM

Siti Yusli
For TELEKOM BRUNEI BERHAD

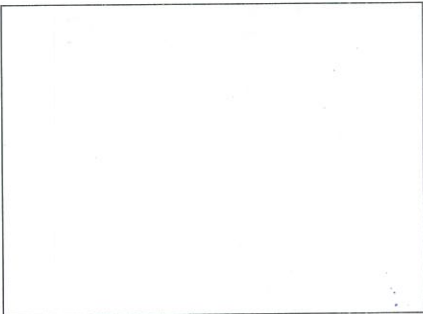
NO.	BILL OF MATERIALS	QUANTITY	UOM	UNIT PRICE	TOTAL PRICE
1	JT.CLSRE (3M) 225BB650 2TC, 2DC, 2SC	10	EACH		
GRAND TOTAL PRICE					

IMPORTANT

- PLEASE INSERT YOUR DELIVERY PERIOD

- A. Implementation / Delivery period: **(please attach your delivery period)**
- B. Validity period:
- C. Warranty period:
- D. Model/Brand:
- E. Manufacturer and Country:
- F. Company Name:
- G. Company Address:
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- H. TelBru’s Vendor Registration Certificate: **(please attach)**
- I. Contact Person:
- J. Telephone No:
- K. Fax No:
- L. Email Address:
- M. Signature:

NOTE: PLEASE FILL IN ALL INFORMATION REQUIRED. INCOMPLETE INFORMATION COULD DISQUALIFY YOU FROM FURTHER CONSIDERATION.



COMPANY STAMP