

## QUALITY BENCHMARK CHECKLIST

**TENDER / QUOTATION NUMBER: P12/24 Hair Care Cons**

(PLEASE REFER TO FORM 740.45.3, PAGE 4 OF 5, NR C2)

I, \_\_\_\_\_ as representative for \_\_\_\_\_  
(name and surname) (company)

declare that the following equipment and consumables offered by my company is of high quality.

	Equipment	Supplier to complete		For Office use	
		Sample Submitted		Sample Verified and accepted because of high quality	
1	AFRO Value Pack Relaxer Kit	YES	NO	YES	NO
2	AFRO Pre Curling Lotion	YES	NO	YES	NO
3	AFRO Perm Neutralizer	YES	NO	YES	NO

• **PLEASE TAKE NOTE**

- Failure to submit samples will cause you to lose 15 marks in the criteria (740.45.3, page 4 of 5).
- In the event of a tender/quote not being accepted, samples cannot be re-claimed by the service provider.
- Failure to submit samples will also have a negative effect on the evaluation of your tender.

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designation