## **TENDER BULLETIN**

	FORM	I FOR SUBMITTING	THE RESERVE		TENDER N			
	FOR F	UBLICATION IN TH					GISTER ON SUPPLIER DATABASE NOTICE	
To	submit a Canc	ellation notice, use TFo	rm2, for a Res	sults n	otice use TF	orm3, fo	or a Responses from Suppliers notice use TForm4	
	ender Notice: in option)	✓ New Te	nder	Er	ratum		Invitation to Register on Supplier Database	
TENDER C	ATEGORY:							
*Tender Ca	tegory: SER	VICES: GENERAL						
REQUIRED	AT:							
Province:	*Department			Departm	Department of Public Works & Infrastructure			
Division or	Section:	Supply Chain Manag						
TENDER D	ETAILS:							
*Tender / Q	uotation No:							
*Closing D	ate: 2 0 2	2 2 - 1 1 - 0	9 (60)	-MM	DD)	*Closino	g Time: 1 1 H 0 0 (HH:MM)	
Date of Original Publication: (only required for ERRATUM notice)						For a New Tender or Invitation to Register on Supplier Database advertisement this date field is disabled		
*Short Des	cription of Te	nder:						
Tender to b (a) Price ar (b) A tende Submission Certificate ( (c) Bidder/s	be awarded to nd Preference or having stipu n of valid origi (subject to ve s to submit BO	llated minimum BBBE nal sworn affidavit BB	acceptance to mapplicable E status levo BEE certificat	ender is 80 el of d ate at	. Points wil /20: accord contributor: tested by t	l be allo ling to fo Level 1 he comm	ocated for: ormula in PPPFA: Regulations 2017. missioner of oaths or CIPC Certificate or SANAS	
BRIEFING	SESSION and	d SITE MEETING(S):						
	ssion Details:							
	cal queries ple	fing for clarification of ease contact Project:						
Briefing Se	ssion Date:				Briefi	ng Sessio	on Time:	
Site Meetin	g(s) - Meeting	g Place(s), Date(s) and	Time(s)					
Th	is is a multi-	page form. Please c	omplete al	l rele	vant secti	ons bei	fore submitting the form for publication.	



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	DER HALL-TENDER BOX 16 ceived after closing time (11:00a.m) will not be accepted								
SPECIFICATI	TIONS / TECHNICAL CONTACT DETAILS:								
Name:	Mr P. Ngobese	Ir P. Ngobese							
Telephone:	031-314 7170 Fax Nr	Nr:							
Email:	phelelani.ngobese@dpw.gov.za	elelani.ngobese@dpw.gov.za							
Office Hours:	s: 08:00 am - 16:00 p.m.								
TENDER CON	ONTACT DETAILS:								
Name:	Gugulethu Mbongwa; Xoli Dlamini	Gugulethu Mbongwa; Xoli Dlamini							
Telephone:	031 314 7003; 031 314 7332 Fax Nr.	Nr:							
Email:	gulethu.mbongwa@dpw.gov.za; xoli.dlamini@dpw.gov.za								
	3:00 am - 16:00 p.m.								
Additional No	Notes:								
TENDER SUB	JBMITTED BY:								
*Advertiser Na	Name: Xoli Dlamini	Xoli Dlamini							
Advertiser Ema	mail: xoli.dlamini@dpw.gov.za	xoli.dlamini@dpw.gov.za							
*Date Submitte	itted: 2 0 2 2 - 1 1 - 0 2 *Advertiser Te	2 0 2 2 - 1 1 - 0 2 *Advertiser Telephone: 031 314 7332							
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