TENDER BULLETIN

FORM FOR SUBMITTING: -

A **NEW TENDER NOTICE** or AN **ERRATUM NOTICE** or

AN INVITATION TO REGISTER ON SUPPLIER DATABASE NOTICE

FOR PUBLICATION IN THE GOVERNMENT TENDER BULLETIN

| То | submit a Cancellat | tion notice, use TForm | n2, for a Results r | otice use TForm3, | for a Responses from Suppliers notice use TForm4 | | | | | | | | | | |
|---------------|-----------------------------|------------------------------------|---------------------|-------------------|---|--|--|--|--|--|--|--|--|--|--|
| | ender Notice: in option) | New Tend | der 🗸 E | ratum | Invitation to Register on Supplier Database | | | | | | | | | | |
| TENDER C | ATEGORY: | | | | | | | | | | | | | | |
| *Tender Ca | tegory: SERVIC | ES: BUILDING | | | | | | | | | | | | | |
| REQUIRED | AT: | | | | | | | | | | | | | | |
| Province: | | | *Department | Donortment of | Department of Public Works | | | | | | | | | | |
| FIOVIIICE. | Mpumalanga | | or Entity: | Department of | Public Works | | | | | | | | | | |
| Division or | Section: GI | ENERAL: MECHANI | CAL | | | | | | | | | | | | |
| TENDER D | ETAII C. | | | | | | | | | | | | | | |
| | | ST04/040 | | | | | | | | | | | | | |
| * i ender / C | uotation No: NS | 5124/042 | | | | | | | | | | | | | |
| *Closing D | ate: 2 0 2 4 | 4 - 0 9 - 1 6 | (CCYY-MM- | ·DD) *Closi | ng Time: 1 1 : 0 0 (HIR(AM) | | | | | | | | | | |
| | of Original Publication | | | | For a New Tender or Invitation to Register on Supplier Database advertisement this date field is disabled | | | | | | | | | | |
| (5.1.) | | | | | | | | | | | | | | | |
| *Short Des | cription of Tende | r: | | | | | | | | | | | | | |
| | | RAL BUILDING WO NDER GERT SIBAN | | RIOD OF 24 MON | THS IN MKHONDO AND DR PIXLEY KA ISAKA | | | | | | | | | | |
| | ING or BRIEFIN | G SESSION: | | | | | | | | | | | | | |
| Meeting Do | etails: | | | | | | | | | | | | | | |
| TEAMS | | | | | | | | | | | | | | | |
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| Meeting Pl | | | | | | | | | | | | | | | |
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This is a multi-page form. Please complete all relevant sections before submitting the form for publication.



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| DOCUMENT | SAV | AIL | ABLE | FRO | M: | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documents a Nedbank Cer | | | | | | | | | | o 12 | 2:30 a | nd fro | m ' | 13: | 30 to | 14 | :45 | @ | De | epartn | ent | of F | ubli | c W | /orl | ks, 9 | 9th fl | oor, | | |
| Cost of Docur | ments | i: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Payment Deta | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only cash ac | cepte | d, n | o dep | osits | or cl | nequ | ses | will | be | ace | cepte | d (no | n-re | fur | ndabl | le) | | | | | | | | | | | | | | |
| Document No | otes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST OR DE | l IVE | R Di | OCUM | IENT | rs ta | ٥٠ | | | | | | | | | | | | | | | | | | | | | | | | |
| *Address: | LI W L. | (D) | JCON | | J 10 | <i>y</i> . | | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Brown Street, | | | | | ate I | 3ag : | x11 | 1280 | 0, N | lels | pruit, | 1200 | OI | R I | Depa | artm | ent | of | Pu | ıblic V | orks | s, 9t | h Fl | oor, | N | edba | ank | Cen | tre, | The second second |
| Document De | livery | / Ins | tructi | ons: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documents to | be s | ubm | nitted i | n the | e ten | der b | box | not | t lat | ter t | than 1 | 1H00 | on | n cle | osing | g da | ite. | | | | | | | | | | | | | |
| SPECIFICATI | IONS | <u>/ TE</u> | <u>CHNI</u> | CAL | COI | NTA | СТ | DE. | TAI | ILS: | : | | | | | | | | | | | | | | | | | | | |
| Name: | Mr L | . Nts | shwan | ti | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | 067 | 421 | 0145 | | | | | | | | | | | F | ax Nı | r: | 0 | 13 7 | '53 | 3 170 | 5 | | | | | | | | | |
| Email: | lithalethu.ntshwanti@dpw.gov.za | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Hours: | 07:3 | 07:30 to 16:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TENDER CON | NTAC | T D | <u>ETAIL</u> | <u>.S:</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Ms Ayanda Mkhonza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional No | otes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TENDER SUB | MITT | ΓED | BY: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Advertiser Na | me: | ΑY | ANDA | MK | HON | ZA | | | | | | | | | | | | | | | | | | | | | | | | |
| Advertiser Ema | ail: | aya | nda.n | ıkon | za@ | dpw. | .go | v.za | 3 | | | | | | | | | | | | | | | | | | | | | |
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| *For Publica | tion | in t | ne Go | veri | ıme | nt G | aze | ette | or | n: | 2 0 | 2 | 4 | - | 0 | 9 [| - | 0 2 | 2 | [6,6.7 | YEV | iya-i |)D | | | | | | | |