

| DEPARTMENT / INSITUION | PTB NO            | PROJECT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEPT OF HEALTH         | No. 41 of 23/24FY | <p><b>I. SCMU3-24/25-0017-HO</b></p> <p><b>PROCUREMENT OF CATERING SERVICES FOR PORT ALFRED HOSPITAL AND SETTLERS HOSPITAL FOR A PERIOD OF 12 MONTHS</b></p> <p><b><u>REASONS FOR CANCELLATION</u></b></p> <p><b>Significant Errors and Ommissions in the bid documents</b></p> <p><b><u>AVAILABILITY OF DOCUMENT</u></b></p> <p>Documents are available from the departmental website:<br/> <a href="http://www.echealth.gov.za">www.echealth.gov.za</a></p> | <p><b>SCM SPECIFIC ENQUIRIES</b></p> <p>Ms S. Tswane<br/> Tel No. (041) 408 8034<br/> Email: <a href="mailto:Stella.Tswane@echealth.gov.za">Stella.Tswane@echealth.gov.za</a></p> <p>AND</p> <p>Mr W. Tsewu<br/> Tel No. (041) 408 8043<br/> Email: <a href="mailto:Welile.Tsewu@echealth.gov.za">Welile.Tsewu@echealth.gov.za</a></p> <p><b>TECHNICAL/PROJECT SPECIFIC</b></p> <p>Dr S. Nadker<br/> Tel No. (046) 604 4000<br/> Cell: 060 557 9654<br/> Email: <a href="mailto:Salma.Nadker@echealth.gov.za">Salma.Nadker@echealth.gov.za</a></p> <p><u>AND</u></p> <p><u>Mr Z. Mve</u><br/> Tel No.(046) 6044019<br/> Cell:082 956 6858<br/> Email:<a href="mailto:Zama.Mve@echealth.gov.za">Zama.Mve@echealth.gov.za</a></p> |