



Province of the
EASTERN CAPE
HEALTH

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ADDENDUM

PLEASE NOTE: BID NO: SCMU3-P24 / 25- 0047-CH IS FOR DAIRY PRODUCTS- MARTJIE VENTER, MOLTENO, STERKSTROOM, CRADOCK AND WILHELM STAHL HOSPITAL FOR A PERIOD OF 12 MONTHS NOT FOR MEAT AND PRODUCTS AS PREVIOUSLY ADVERTISED; FIND THE ATTACHED CORRECT BID DOCUMENT FRONT PAGE, AND THE CLOSING DATE HAS BEEN EXTENDED FOR ALL PATIENT FOOD ADVERTISED BIDS FROM 12 MARCH 2024 TO 13 MARCH 2024.

ADDENDUM APPROVED BY

Mr. SP. Sebezela
(Acting: Director SCM & Finance)

08/03/2024
Date

Together, moving the health system forward

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.ecdoh.gov.za





Province of the EASTERN CAPE HEALTH

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE EC DEPARTMENT OF HEALTH

BID NUMBER:	SCMU3-P24/25-0047-CH	CLOSING DATE:		CLOSING TIME:	11H00
DESCRIPTION	APPOINTMENT OF SERVICE PROVIDER TO, SUPPLY AND DELIVER OF DAIRY PRODUCTS AT MARTJIE VENTER, MOLTEÑO, STERKSTROOM, CRADOCK AND WILHEM STAHL HOSPITAL FOR A PERIOD OF 12 MONTHS				
THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).					

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE
BID BOX SITUATED AT (STREET ADDRESS)

WARD F KOMANI HOSPITAL

BATHANDWA NDONDO OFFICE PARK

CHRIS HANI HEALTH DISTRICT

QUEENSTOWN, 5380

SUPPLIER INFORMATION

NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
	TCS PIN:		OR	CSD No:	
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, WHO WAS THE CERTIFICATE ISSUED BY?					
AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX	<input type="checkbox"/>	AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)			
	<input type="checkbox"/>	A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS)			
	<input type="checkbox"/>	A REGISTERED AUDITOR			
		NAME:			
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]					