



Northern Cape Department of Health

BID NUMBER: NCDOH/009-R2/EMS/2026

FOR

PANEL OF EMS ROAD AMBULANCE SERVICES PROVIDERS

ADDENDUM NO.1

DATE ISSUED: 12 August 2026

ISSUED BY:

**NORTHERN CAPE DEPARTMENT OF HEALTH
PRIVATE BAG X059
KIMBERLEY
8301
TEL: (053) 8300 696
EMAIL: hchipungu@ncpg.gov.za**

Acknowledgement of Receipt

Name of Bidder: _____

Name of Recipient: _____

Signature of Recipient: _____

Date Received: _____

The signed Addendum receipt to accompany the bid submission.

No	Tender enquiries	Addendum Correspondence
1.	SECTION 6: BID EVALUATION CRITERIA Compliance of Statutory requirements (Returnable documents) Returnable documents must be composed of the following:	Correct and Amend Removed the 30 days to 14 days on Page 12 Full CSD registration report (Not older than thirty (14) days) of the closure of the bid.
2.	SECTION 6: BID EVALUATION CRITERIA Functionality	Correct and Amend Bidders must have a minimum Cash bank balance of R1 500 000 (Confirmed through a bank statement or Bank confirmation) All private EMS providers must be registered with the Health Professions Council of South Africa (HPCSA).