health
Department of Health
FREE STATE PROVINCE

SITE EXPLANATORY MEETING CERTIFICATE

TENDER NUMBER: **DOH (FS) 17/2026/2027**

Attendance list number: _____

DESCRIPTION: REPLACEMENT AND REHABILITATION OF INTERNAL BUILDING SEWER SYSTEM AND EXTERNAL MAIN SEWER LINE FOR BONGANI HOSPITAL, FREE STATE DEPARTMENT OF HEALTH. (6CE OR HIGHER)

CONTRACT PERIOD: PERIOD: DATE OF SIGNING OF CONTRACT FOR TWELVE (12) MONTHS.

Attendance of the site explanatory meeting is COMPULSORY

An official of the Department must sign this certificate at the explanatory meeting. No certificate will be signed outside the meeting. The original certificate must be included in the bid document and will not be accepted after the closing time and date of the bid.

COMPULSORY SITE BRIEFING MEETING DATE: 03 AUGUST 2026

TIME: 10H00

VENUE: STAFF DEVELOPMENT CLASSROOM,
SECOND FLOOR,
BONGANI HOSPITAL IN WELKOM,
FREE STATE.

CONTACT PERSON/S: Mr JG Lottering
Tel: (051) 408 1744 (Infrastructure)

This is to certify that _____ in his/her capacity as

_____ of the company _____ has attended the

Compulsory Explanatory meeting on the _____ day of _____ 2026 and is

therefore, familiar with circumstances and the scope of the items to be supplied.

_____ _____
SIGNATURE /DEPARTMENTAL OFFICIAL **RANK**

_____ _____
SIGNATURE OF REPRESENTATIVE OF COMPANY **DATE**

OFFICIAL DATE STAMP

*** Note: Only one certificate per company**