

## ANNEXURE B



### Completion of Request for Proposal, Schedule 1

#### 1. Request for Proposal

Entered into and Between

.....  
(Company/Close Corporation, Trust Name or Full names of Individual Together  
with Registration Number or ID Number)

Who act as ..... on behalf of the  
Landlord

#### Capacity of the Signatory

And who have been duly authorized to enter into this Lease Agreement  
on behalf of the Landlord

("Landlord")

and

#### LEGAL AID SOUTH AFRICA

A statutory body established in terms of the Legal Aid

Act No. 39 of 2014 duly represented by .....  
Full Names of Legal Aid SA Representative

In his capacity as the .....  
Position Held on the Organization

("The Tenant")

#### 2. Schedule 1

2.1 The lease premises means: .....

.....

.....

**(Physical Address with full details of street number and the name of the building)**

**(Full Description of Leased Premises)**

**2.2** Property means : Erf: .....  
(Erf Number)

**2.3** Commencement date : .....

**2.4** Expiry date : .....

**2.5** The TENANT must effect rental payment to the LANDLORD at:

Account Name : .....

Account Number : .....

Institution : .....

Branch Name : .....

Branch Code : .....

Type of Account : .....

Reference Number : .....  
(If Applicable)

**VAT Registration No.** : .....

**2.6** Escalation rate, compounded annually at the following percentages: .....p.a.

**2.7** Basic Rental (excluding VAT) : ..... Per Month

**2.8** Charges payable by tenant :

2.8.1 Electricity : As per municipal account

2.8.2 Water : As per municipal account

**2.9** The amount payable during the initial period of the lease shall be as follows (VAT at applicable rate):

The rental shall escalate annually, at the escalation rate set out above in 2.5, with effect from each anniversary of the commencement date and according to the rental payable for the ensuing period shall be based on:

Year 1							
No.	Description	Lettable Area	Unit	Rent per Unit (R)	Total Monthly Rent (ex VAT)	VAT (15%)	Total Month Rent (Inc. VAT)
1)	Office		M <sup>2</sup>				
2)	Parking		Bays				
3)	Other charges		M <sup>2</sup>				
Total monthly Payable							

Year 2							
No	Description	Lettable Area	Unit	Rent per Unit (R)	Total Monthly Rent (ex VAT)	VAT	Total Month Rent (Inc. VAT)
4)	Office		M <sup>2</sup>				
5)	Parking		Bays				
6)	Other charges		M <sup>2</sup>				
Total monthly Payable							

Year 3							
No	Description	Lettable Area	Unit	Rent per Unit (R)	Total Monthly Rent (ex VAT)	VAT	Total Month Rent (Inc. VAT)
7)	Office		M <sup>2</sup>				
8)	Parking		Bays				
9)	Other charges		M <sup>2</sup>				
Total monthly Payable							

Year 4							
No	Description	Lettable Area	Unit	Rent per Unit (R)	Total Monthly Rent (ex VAT)	VAT	Total Month Rent (Inc. VAT)
10)	Office		M <sup>2</sup>				
11)	Parking		Bays				
12)	Other charges		M <sup>2</sup>				
Total monthly Payable							

Year 5							
No	Description	Lettable Area	Unit	Rent per Unit (R)	Total Monthly Rent (ex VAT)	VAT	Total Month Rent (Inc. VAT)
13)	Office		M <sup>2</sup>				
14)	Parking		Bays				
15)	Other charges		M <sup>2</sup>				
Total monthly Payable							

**NB: A letter of detail breakdown for other charges, if any, must be separately submitted and supported.**

**Total Lease Agreement Cost for five (5) years: R .....(Years)**

**Total Lease Agreement Cost for seven years: R .....(Years) Detailed**  
Schedule for period 6 and 7 must be compiled as done for periods 1 to 5

**Total Lease Agreement Cost for nine years 11 months: R .....Detailed**  
Schedule for period 8 and 9 must be compiled as done for periods 1 to 5

**Tenant Installation Allowance: R.....**

**(Legal Aid SA reserves its rights not to enter into a lease longer than 5 years)**

**Three Contactable references**

No.	Initial and Surname	Tel/Cell No	<u>E-Mail Address</u>	<u>Company Name if Applicable</u>
1.				
2.				
3.				

**2.10 Domicilia Citandi et Executandi:**

**Landlord**

Physical Address : .....

Postal Address : .....

.....

.....

.....

Telephone Number: .....

Telefax Number .....

E-Mail Address .....

Cell Number .....

Alternative Contact Number .....

**Tenant:** Legal Aid South Africa  
Legal Aid House  
29 De Beer Street  
BRAAMFONTEIN  
2017

Postal Address: Private Bag X 76  
**BRAAMFONTEIN**  
2017

**2.11 What are the Service Provider's duties and responsibilities? Full details required?**

- A) INTERNAL MAINTENANCE (GENERAL)
- B) INTERNAL MAINTENANCE (NORMAL WEAR & TEAR)
- C) EXTERNAL MAINTENANCE
- D) GARDEN MAINTENANCE
- E) AIR CONDITIONING MAINTENANCE
- F) LIFT MAINTENANCE
- G) FLOOR COVERING-NORMAL WEAR
- H) MUNICIPAL RATES AND INCREASES INCREASE
- I) INSURANCE AND ALL INCREASES
- J) REPLACEMENT OF LIGHT BULBS
- K) FIRE FIGHTING EQUIPMENT AND SERVICES

**What are the Duties and Responsibilities of Legal Aid South Africa? Full details required**

- A) WATER AND ELECTRICITY CONSUMPTION
- B) SANITARY SERVICES AND REFUSE REMOVAL
- C) DOMESTIC CLEANING SERVICES
- D) CONSUMABLES SUPPLIER
- E) INTERNAL MAINTENANCE: BRAKE & PAY RULE
- F) ALARM/SECURITY SYSTEM MAINTENANCE
- G) REPLACEMENT OF LIGHT BULBS
- G) FURNITURE, OFFICE EQUIPMENT AND APPLIANCES

**2.12 Who signs the contract o.b.o the Service Provider and in which capacity?**

.....  
(Full Names)

**Capacity:** .....

**NB: This offer will be valid for a period of five months**