Northern Cape Department of Health

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

FOR

PANEL OF EMS ROAD AMBULANCE SERVICES PROVIDERS

ADDENDUM NO.2

DATE ISSUED: 23 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).
3.	**Extension of Closing Date**	**Correct and Amend** 04 September 2026 Page 1 Page 3 SBD 1