

WESTERN CAPE
DEPARTMENT OF HEALTH AND WELLNESS
PRIVATE BAG 2060, CAPE TOWN, 8001
SOUTH AFRICA

**HCI850002: INVITATION TO PUBLIC PRIVATE PARTNERSHIP (PPP) FINANCE PROVIDERS TO PARTICIPATE IN
A PROPOSED MARKET ENGAGEMENT STRATEGY FOR THE REDEVELOPMENT OF TYGERBERG
HOSPITAL**

ROUND 2

THE DEPARTMENT SEEKS TO CONSULT WITH POTENTIAL FINANCE PROVIDERS (DEBT AND EQUITY) IN THE CONTEXT OF A PUBLIC PRIVATE PARTNERSHIP (PPP) FOR A NEW TYGERBERG HOSPITAL IN THE WESTERN CAPE, SOUTH AFRICA.

The purpose of the consultation is for the Department to build an understanding of the current financing markets and models for PPP projects of this nature and to understand the market appetite for such project financiers, prior to launching a formal procurement process. We invite interested PPP finance providers to register their interest by completing the form below and forward the completed form via email to the below address. Further information will be provided to duly registered interested parties.

For the purposes of transparency, all engagements will be formally documented by the Department. Only duly registered participants will receive a briefing pack and questionnaire during the engagement. The contents of these engagements will remain confidential. The feedback and information received from participants will be used by the Department and its sponsoring bodies, solely to build understanding of the PPP finance market. No output from these engagements will be made public.

The Department makes no guarantees about and takes no responsibility for the accuracy and completeness of this request and disclaims any liability for any interested parties use of the information. This request is not intended to serve as the basis for an investment decision.

Interested parties must submit the below application form to the **Acting Project Officer**;

Mr Thorpe Koorts

Email: Thorpe.koorts@westerncape.gov.za

Deadline for submission: 28 April 2023



REFERENCE: HCI850002

INCLUSION TO PARTICIPATE IN A PROPOSED MARKET ENGAGEMENT STRATEGY WITH PPP FINANCE PROVIDERS

REGISTRATION OF INTEREST FORM

NAME OF ORGANISATION:	
SELECT YOUR ORGANISATION TYPE BELOW	
1. SOUTH AFRICAN REGISTERED FINANCIAL SERVICE PROVIDER	YES ☐ NO ☐
	FSP NUMBER:
2. NON-SOUTH AFRICAN REGISTERED COMPANY ADDRESS	YES ☐ NO ☐
	FSP NUMBER OR EQUIVALENT:
	REGISTRATION AUTHORITY:
	IN WHICH COUNTRY IS YOUR HEADQUARTERS:
If not available, provide reasons why your organisation does not have an FSP number:	
1.	
CONTACT PERSON:	
NAME:	
EMAIL	
CONTACT NUMBER	
SIGNATURE OF AUTHORISED PERSON:	
2.	
CONTACT PERSON:	
NAME:	
EMAIL	
CONTACT NUMBER	
SIGNATURE OF AUTHORISED PERSON:	
COMMENTS:	