FORM 2: SCHEDULE OF EXISTING VEHICLES

The Transport Operator will be required to provide details of all vehicles to be used under this contract as per the form here below. Full compliance is required including copies of any documents required by way of this form. Failure to comply will result in the bid being deemed non-responsive.

COMPANY NAME / BIDDER NAME	CSD NUMBER	DIRECTOR NAME AND SURNAME	DIRECTOR ID NUMBER	CONTACT DETAILS		PREFERRED ADDRESS AS PER CENTRAL SUPPLIER DATABASE (CSD)
				TEL / CELL NUMBER	EMAIL ADDRESS	

NO	Make	Model	Year	Vehicle Registration No (Number Plate)	Owner as per registration paper	Carrying Capacity	ROUTE NUMBER	MOBILE DEVICE MODEL TYPE	CELL PHONE NUMBER (PER VEHICLE)
Vehicle 1									
Vehicle 2									
Vehicle 3									
Vehicle 4									
Vehicle 5									
Vehicle 6									
Vehicle 7									
Vehicle 8									
Vehicle 9									
Vehicle 10									

TRANSPORT OPERATOR

Name:……..

Signature:……

Date:…..