SITE EXPLANATORY MEETING CERTIFICATE

QUOTATION NUMBER:**DOH (FS) 09/2026/2027**

Attendance list number: _____

DESCRIPTION: DOH (FS) 09/2026/2027: SERVICE, MAINTENANCE, REPAIRS, REFURBISHMENT AND REPLACEMENT OF ELECTRICAL INSTALLATION RETICULATION, STANDBY GENERATOR AND UNINTERRUPTED POWER SUPPLY EQUIPMENT INSTALLATION AT VARIOUS COMMUNITY HEALTHCARE CENTRES (CHC'S) CLINICS, STAND-ALONE HEALTHCARE FACILITIES FOR MAINTENANCE PROJECTS ONLY EXCLUDING CONSTRUCTION AND BUILDING PROJECTS IN THE FREE STATE PROVINCE DEPARTMENT OF HEALTH. (3EB OR HIGHER)

CONTRACT PERIOD: DATE OF SIGNING OF CONTRACT FOR THREE YEARS (36 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: 12th August 2026

TIME: 10H00

VENUE: Auditorium,First Floor
Bopelo House
Maxeke street and Harvey road
Department of Health
Bloemfontein
9301

CONTACT PERSON/S: Mr. B. Booi
TEL – 051 408 1344

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**