



BLUE CRANE ROUTE MUNICIPALITY

CONTRACT NO: T17/2021

**PROVISION OF MEDICAL EXAMINATION FOR EPWP
PARTICIPANTS FOR A PERIOD OF THREE YEARS**

ADDENDUM NO 1

05 AUGUST 2021

ISSUED BY:

**THE MUNICIPAL MANAGER
BLUE CRANE ROUTE MUNICIPALITY
P O BOX 21
SOMERSET EAST
5850
Contact Person: Mrs N. Dlova
Ext 3012 / 0422436400**

FORM OF RECEIPT OF ADDENDUM NO 1

NB: This Form of Receipt of Addendum No 1 must be completed by the Tenderer and returned with the submission of the tender document at;

BLUE CRANE ROUTE MUNICIPALITY
67 Nojoli Street
SOMERSET EAST
5850

I/We acknowledge receipt of Addendum No 1 and have noted its contents.

SIGNED ON BEHALF OF THE TENDERER:

NAME OF SIGNATORY:

SIGNATURE:

NAME AND ADDRESS OF TENDERER:

TEL NO:

FAX NO:

DATE:

This Addendum forms integral part of the Tender and shall be incorporated into the contract. Each Tenderer shall incorporate the following omissions, amendments and/or additions to the document and Tender.

Tenderers shall acknowledge receipt and acceptance of the Addendum and submit the completed addendum with his Tender. No pages may be removed from the Addendum.

1. ADDITIONS

REQUIREMENT FOR TENDERERS TO BE RENDERED RESPONSIVE FOR THE PROVISION OF MEDICAL EXAMINATION.

Service providers must submit:

- CV indicating 8-10 years experience as an Independent medical doctor with certified copies of qualifications.
- MBCHB qualification (to be attached on CV)
- Proof of registration with HPCSA as an independent medical doctor.
- Two references of completed similar work from previous clients.

Failure to submit the above the bid will be disqualified.

Issued by:

**MR T. KLAAS
MUNICIPAL MANAGER
67 NOJOLI STREET
SOMERSET EAST
05 AUGUST 2021**