

A Better Place for ALL

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ADDENDUM APPOINTMENT OF PANEL OF 5 SERVICE PROVIDERS FOR THE PROJECT MANAGEMENT OF CAPITAL PROJECTS – 3 (THREE) YEAR CONTRACTS BID NO: PWBS-B002/21/22

DATE: 10 May 2021

RECOMMENDED BY:

A Better Place for All

FORM OF OFFER

• There was an omission in the bid document for form of offer, kindly find the attached form of offer.

At Ada
MISS N.HOLIWE
SCM MANAGER
MR. N.C. MEZI MUNICIPAL MANAGER acknowledge receipt of this Addendum
Name:
Signature:
Date:
Name of Tenderer (Company Name):

AGREEMENTS AND CONTRACT DATA

Date:

Form of Offer and Acceptance

A: Offer

The Employer, identified in the Acceptance signature block, has solicited offers to enter into a Contract for the

procurement of:
BID NO: PWBS-B002/21/22 APPOINTMENT OF PANEL OF 5 SERVICE PROVIDERS FOR THE PROJECT MANAGEMENT OF CAPITAL PROJECTS - 3 (THREE) YEAR CONTRACTS

The Tenderer, identified in the Offer signature block, has examined the documents listed in the Tender Data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of tender

By the representative of the tenderer, deemed to be duly authorized, signing this apart of this form of offer and acceptance, the tenderer offers to perform all of the obligations and liabilities of the contractor under the contract including compliance with all its terms and conditions according to their true intent and meaning for an amount to be determined in accordance with the conditions of contract identified in the contract data. THE OFFERED TOTAL PRICE INCLUSIVE OF VALUE ADDED TAX (VAT) IS R(in figures), This offer may be accepted by the employer by signing the Acceptance part of this Form of Offer and Acceptance and returning one copy of this document to the tenderer before the end of the period of validity stated in the tender data, whereupon the tenderer becomes the party named as the contractor in the conditions of contract identified in the contract data. Signature: Name: (in capitals) Capacity of Signatory: Name of Tenderer (organisation): Address: Tel Fax: Witness: Signature: Name: