



<b>DIRECTORATE:</b>	<b>PROPERTY MANAGEMENT</b>
<b>PROJECT DESCRIPTION:</b>	<b>LEASE OF ERF 982 SESHEGO 9L (PERIOD NOT EXCEEDING 30 YEARS)</b>
<b>BID NUMBER:</b>	<b>PM151/2018</b>

## **ERRATUM NO. 1**

# **ERRATUM TO PROJECT DOCUMENT IS FOLLOWS:**

1. The Bid description is written Lease of Erf 612 Seshego 9L but it should say Lease of Erf 982 Seshego 9L.

The bidder is required to replace page 1 of the bid document with the attached corrected page as an erratum.

## PART: A: INVITATION TO BID:

MBD1

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (POLOKWANE MUNICIPALITY)					
BID NUMBER:	PM151/2018	CLOSING DATE:	12 SEPTEMBER 2019	CLOSING TIME:	10:00
BID DESCRIPTION	LEASE OF ERF 982 SESHEGO-9L (PERIOD NOT EXCEEDING 30 YEARS)				
TOTAL BID PRICE	R				
<b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7) or SERVICE LEVEL AGREEMENT OF POLOKWANE MUNICIPALITY.</b>					
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (Polokwane Municipality, Civic Centre, corner, Bondenstein and Landdros Mare Street) not later than <b>12 SEPTEMBER 2019</b>					
An official and compulsory briefing session will be held on <b>Monday, 29 July 2019 at 10:00</b> . Bidders are requested to meet the <b>New Peter Mokaba Stadium Complex, Executive Lounge, 1<sup>st</sup> Floor, Polokwane</b>					
The Bid box is generally open 24 hours, 7 days a week.					
Completed Bid document, fully priced and signed must be sealed in an envelope marked " Bid number and Bid description"					
Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.					
<b>Bids documents containing the Conditions of Bid and other requirements in terms of the Supply Chain Management Policy will be downloaded from e-tender Publication Portal at <a href="http://www.etenders.gov.za">www.etenders.gov.za</a> at no fee.</b>					
SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
TAX COMPLIANCE STATUS	TCS PIN:		OR	CSD No:	
B-BBEE STATUS LEVEL NUMBER	-----				
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	B-BBEE STATUS LEVEL SWORN AFFIDAVIT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>					