



DIRECTORATE:	PROPERTY MANAGEMENT
PROJECT DESCRIPTION:	LEASE OF ERF 718 SESHEGO 9L (PERIOD NOT EXCEEDING 30 YEARS)
BID NUMBER:	PM150/2018

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 718 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:	PM150/2018	CLOSING DATE:	12 SEPTEMBER 2019	CLOSING TIME:	10:00
BID DESCRIPTION	LEASE OF ERF 612 SESHEGO-9L (PERIOD NOT EXCEEDING 30 YEARS)				
TOTAL BID PRICE	R				
THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7) or SERVICE LEVEL AGREEMENT OF POLOKWANE MUNICIPALITY.					
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 12 SEPTEMBER 2019					
An official and compulsory briefing session will be held on Monday, 29 July 2019 at 10:00 . Bidders are requested to meet the New Peter Mokaba Stadium Complex, Executive Lounge, 1st Floor, Polokwane					
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.					
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 www.etenders.gov.za at no fee.					
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
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]					