



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**REQUEST FOR QUOTATION FOR PRIVATE SECURITY SERVICES AT
ETHANDAKUKHANYA COMMUNITY HEALTHCARE CENTRE, MKHONDO LOCAL
MUNICIPALITY, GERT SIBANDE DISTRICT MUNICIPALITY, MPUMALANGA FROM
1 MARCH 2026 TO 30 MAY 2026.**

Bid number: DOH: 663/2025-2026

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1. The following changes are effective (Addendum 01)
 - 1.1 The day and night shift guards required are four (04) and not two (02) per shift.
 - 1.2 Bidders are required to price as per the below Specifications for Security Services:

| BUILDINGS | SHIFT | |
|--|---|--|
| ETHANDAKUKHANYA COMMUNITY HEALTH CENTRE | Day Shift (12 hours a day 7 days per week) | Night shift (12 hours a day, 7 days per week) |
| | Day shift 04 x Armed guards grade C | Night shift 04 x Armed guards grade C |

PRICING SCHEDULE:

- To be in the letterhead of the company where applicable.
- Clearly state the validity period.
- Must be signed at the bottom.

| | DESCRIPTION | UNIT | QUANTITY | RATE | TOTALS |
|----|---|-------------|-----------------|-------------|---------------|
| 01 | <u>Day Shift</u> (12 hours a day, 7 Days per week) <u>Day shift</u> 04 x Armed guards grade C | MONTH | 3 | | |
| 02 | <u>Night shift</u> (12 hours a day, 7 days per week) <u>Night shift</u> 04 x Armed guards grade C | MONTH | 3 | | |
| 03 | GRAND TOTAL | | | | |

N.B Prices should be in line with gazetted PSIRA rates or applicable body.

Initials

Bidder's Signature.....

Date:.....

The completed addendum must be submitted together with the Request for Quotation bid document on or before the closing date and time. The department will not be held responsible for bidders not following the amendments made to the bid.

ACCEPTANCE AND INCORPORATION OF ADDENDUM

I/We accept that Addendum No 1 forms part of the Request for Quotation Document.

I/We confirm that I/we -

- (a) have noted the contents of this Addendum
- (b) have fully considered this Addendum
- (c) have incorporated the amendments and additions contained in this Addendum in my/our Tender for Tender No. **Bid number: DOH- 663/2025-2026**

SIGNED ON BEHALF OF THE BIDDER :

NAME OF SIGNATORY (BLOCK LETTERS) :

NAME OF TENDERER (BLOCK LETTERS) :

BIDDER 'S ADDRESS :

.....

BIDDER 'S TEL NO :

BIDDER 'S FAX NO :

SIGNATURES OF WITNESSES : 1.

2.

NAMES OF WITNESSES

(BLOCK LETTERS) : 1.

2.

DATE :

Initials

Bidder's Signature.....

Date:.....