



PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH  
ZNQ 2021  
UTHUK-H-EMMAUS HOSPITAL -22/23

## SPECIFICATION TO REPLACE HAND WASH BASINS IN OLD HOSPITAL

### Minimum requirements for the project

#### **NB. TO BE SUBMITTED WITH THE DOCUMENT (COMPULSORY)**

- Valid Tax Clearance Certificate.
- Proof of registration with CSD
- Copy of BBBEE Certificate
- 2 SO
- Proof of three similar projects
- Proof of thee site handover documents
- Proof of two orders
- Proof of trade test plumber

**The contractor shall also guarantee:**

That equipment shall be installed, commissioned and set properly in order to attain the design conditions specified

#### **Declaration**

I have read with understanding and agree to all terms and conditions and requirements printed on this document.

✓/We undertaken to complete the project within 2 days

Tenderer \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_