



SIOC

COMMUNITY DEVELOPMENT TRUST

Defining ourselves through **our actions**,
not our words

REQUEST FOR PROPOSAL (RFP)

PROVISION OF MEDICAL SERVICES IN JOHN TAOLO GAETSEWE AND TSANTSABANE FOR A
PERIOD OF – 36 MONTHS

LOSING DATE: **18 JULY 2025**
CLOSING TIME: **12H00**



<https://sioc-cdtethicsdefender.com/>

ETHICS DEFENDER

WHO WE ARE: Experts who expose wrongdoing safely



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THE WORKPLACE? PLEASE SCAN THE QR CODE TO REPORT

SIOC Community Development Trust (SIOC-CDT) was established in 2006 by Sishen Iron Ore Company SIOC (PTY) LTD (owned by Kumba Iron Ore (KIO) (PTY) LTD) to invest in the development of the communities in which SIOC (PTY) LTD operates. The Trust focuses primarily on beneficiary communities adjacent to the SIOC (PTY) LTD mining activities in the Northern Cape and Thabazimbi Local Municipality situated in the Limpopo Province. We have invested significantly in community development projects aimed at ensuring sustainability beyond mining operations.

Our beneficiary communities are located within the underneath municipal jurisdictions:

- Gamagara Local Municipality, Northern Cape;
- Ga-Segonyana Local Municipality, Northern Cape;
- Tsantsabane Local Municipality, Northern Cape;
- Joe Morolong Local Municipality, Northern Cape; and
- Thabazimbi Local Municipality, Limpopo.

2. MANDATE

To manage, invest and disburse funds on behalf of our beneficiary communities in accordance with the guidelines as provided by the Board of Trustees and prescribed by the SIOC-CDT Trust Deed.

3. VISION

Beneficiary communities have sustainable income and are empowered to thrive beyond the lifespan of the mine.

4. MISSION

Implement sustainable socio-economic initiatives through partnering with key stakeholders.

5. VALUES

- **We are committed to building healthy trustworthy relationships**
- **We are inclusive and transparent in decision making**
- **We are accountable to our stakeholders**
- **We are compassionate towards our beneficiaries**

6. PROJECT BACKGROUND

The SIOC-CDT, in partnership with the Northern Cape Department of Health in the John Taolo Gaetsewe District and Tsantsabane is seeking to source a qualified service provider for the leasing of ambulances to service the district for a period of 36 MONTHS. The successful service provider will be required to provide both an Advance Life Support (ALS) ambulance and an Intermediate Life Support (ILS) ambulance and Obstetric ambulance. The ambulances will be required to transport patients between key hospitals and healthcare facilities within the district, specifically between the following locations:

- Kuruman Hospital to Robert Mangaliso Sobukwe hospital in Kimberly **(240km)**
- Tshwaragano Hospital to Robert Mangaliso Sobukwe hospital in Kimberly **(261 km)**
- Postmasburg Hospital to Robert Mangaliso Sobukwe hospital in Kimberly **(200 km)**
- Postmasburg Hospital to Harry Smit Hospital in Upington **(214 km)**

6.1 **Objective**

The primary objective is to secure the services of a provider who can meet the technical and operational requirements for ambulance leasing, with the goal of improving emergency medical transport services and reducing maternal mortality within Tsantsabane sub-District and John Taolo Gaetsewe District.

7. **Scope of Work**

The successful service provider will be required to:

- **Provide ambulances:** Advance Life Support (ALS) ambulance, one Intermediate Life Support (ILS) ambulance and Obstetrics ambulance
- **Operational Requirements:** The ambulances will operate on the specified routes as mentioned (Kuruman Hospital to Kimberley, Tshwaragano Hospital to Kimberley, Postmasburg Hospital to Kimberley, and Postmasburg Hospital to Harry Smit Hospital).
- **Patient Transport:** The service provider will be charged on a per-patient, per-trip basis, with the provider required to ensure timely and efficient transport to and from healthcare facilities.
- **Maternal Health Focus:** Special consideration must be given to addressing the high maternal death rate in the district. This includes ensuring that the ambulances are adequately equipped to handle high-risk maternal emergencies, with staff trained in managing obstetric cases.
- **Lease Duration:** The lease period for the ambulances will be for a period of 36 MONTHS.

7.1 **Service Provider Requirements**

Interested service providers must meet the following minimum criteria:

Fleet Specifications

- Provide details of the ambulance fleet available for lease.
- The ALS ambulance must be equipped with advanced life-saving equipment suitable for handling critical, life-threatening conditions, especially maternal emergencies.
- The ILS ambulance should have the necessary equipment to provide immediate medical assistance during transport.

- The Obstetric ambulance should have the necessary equipment to provide immediate medical assistance during transport.
- The ambulances must comply with all local and national safety and health regulations, including vehicle safety standards, and must be in good working condition. E,g Infection Control and Waste Management,National Health Regulations and Guidelines,Vehicle Safety Standards,3. Occupational Health and Safety Act (OHSA), Act No. 85 of 1993

Operational Capacity:

- The service provider must demonstrate the ability to provide ambulances on-demand as per the required routes.
- Availability of 24/7 service to ensure continuity of care for emergency medical needs.
- Provide evidence of prior experience in similar operations, particularly in the healthcare sector.
- Must have the capability to meet the high demand for maternal emergency transport.

Staffing Requirements:

- Provide proof of qualified emergency medical personnel (e.g., paramedics, emergency care practitioners) for both ALS, obstetric and ILS ambulances.
- Staff must be trained in maternal and emergency care, with a proven track record in managing high-risk medical cases.
- The service provider must provide sufficient staff for around-the-clock operations, ensuring no delays or interruptions.

Pricing Structure:

- The service provider must outline the pricing structure on a per-patient, per-trip basis.
- Include any potential variations based on distance, time of day, or special requirements.
- Provide a transparent breakdown of costs, including any additional fees (e.g., fuel, maintenance, or equipment usage).

Insurance and Liability:

- The service provider must have comprehensive insurance coverage for both the vehicles and patients during transport.

- Proof of insurance must be provided with the RFP response.

7.2 Submission Requirements

To respond to this RFP, service providers must submit the following information:

- **Company Profile:** Background, experience in ambulance services, and prior contracts.
- **Fleet Details:** Information on available ambulances, including specifications, year of manufacture, and service history.
- **Staff Qualifications:** Qualifications and experience of staff to be involved in the service delivery.
- **Pricing Proposal:** Detailed cost breakdown on a per-patient, per-trip basis.
- **Insurance Documentation:** Proof of insurance coverage.
- **References:** At least three references from previous or current contracts that are similar in nature to this request.

7.3 Evaluation Criteria

The service provider responses will be evaluated based on the following criteria:

- **Technical Capability**
 - The condition and suitability of the ambulances provided.
 - The experience and qualifications of the service provider and staff.
 - Compliance with local and national regulations.
 - Ability to meet the specific needs of maternal emergency transport.
- **Cost**
 - Cost-effectiveness of the pricing structure and value for money.
 - Transparency in pricing and additional charges.
- **Operational Readiness**
 - Ability to deliver the service within the required timeframes.
 - Availability of 24/7 service.
 - The responsiveness and reliability of the service provider.

Below is the MINIMUM AND STANDARDS FOR AMBULANCE SERVICES 1

INTERMEDIATE LIFE SUPPORT AMBULANCE

This level of patient transfer and treatment refers to an ill or injured patient requiring limited invasive medical intervention and intermediate-life-support medical care. The minimum standard of ambulance is intermediate life support.

SPECIFIC REQUIREMENTS

Vehicle

An ambulance must:

- be modified, adapted and configured to resemble an ambulance, enabling accommodation of at least one stretcher patient
- be registered as an "ambulance" with the relevant traffic authorities according to the National Road Traffic Act (Act 93 of 1996)
- be clearly marked as an "Ambulance" on the front, sides and rear
- be fitted with red warning lights and sirens
- be fitted with a radio or other communication system to provide continuous communication 24 hours a day with the service's communication centre.
- Include the SIOC-CDT and DoH logos

Equipment that must be provided in basic-life-support ambulances

Airway and breathing:

- 4 oxygen masks (Adult) providing at least 40% inhaled oxygen, and tubing 3
- Bag-valve-mask reservoir resuscitator (Adult) with a range of transparent masks
- Bag-valve-mask reservoir resuscitator (Infant)
- Bag-valve-mask reservoir resuscitator (Paediatric) with a complete range of paediatric masks
- Oxygen supply, providing 30 minutes of oxygen at 15 litres per minute minimum i.e. 1 fixed 10-litre O2 cylinder and gauge minimum
- 1 x portable 2 litre O2 cylinder and gauge minimum
- 2 x nasal cannula for oxygen
- 2 x oxygen masks (Paediatric) providing at least 40% inhaled oxygen, and tubing
- 2 x nebulisers with masks
- 2 x nebulisers with mouthpieces
- 2 x oropharyngeal airway No. 00
- 2 x oropharyngeal airway No. 0
- 2 x oropharyngeal airway No. 1
- 2 x oropharyngeal airway No. 2
- 2 x oropharyngeal airway No. 3

- 1 x suction apparatus (hand, foot or battery operated)
- 2 x suction catheters (Neonate) No. 5
- 2 x suction catheters (Neonate) No. 8
- Range of hard and soft suction catheters
- 1 x set of cricothyroidotomy equipment
- 1 x Magill's forceps (Adult).

Personnel

- Two persons minimum shall staff the intermediate-life-support ambulance, both of whom shall have an appropriate and valid driver's licence and professional driving permit. The patient attendant shall be registered as an ambulance emergency assistant or emergency care technician and be assisted by a minimum of a basic ambulance assistant.
- A supervising registered medical practitioner must be available 24 hours a day for medical consultation.
- The staff must be dressed in appropriate personal protective clothing and equipment.

ADVANCED LIFE SUPPORT AMBULANCE

This level of patient transfer and treatment refers to a seriously ill or injured patient requiring invasive medical intervention and continuous advanced-life-support medical care. If required, intensive care management and transportation may also be offered for the transfer by road or air from or to an intensive-care unit of a critically ill or injured patient requiring continuous medical care.

SPECIFIC REQUIREMENTS

Vehicle

The same minimum standards for Intermediate -ambulance vehicles apply to advanced-life-support ambulances.

Equipment that must be provided in advanced-life-support ambulances

Airway and breathing: (Emergency Medical Services Regulations under the National Health Act ,2003)

- 4 x oxygen masks (Adult) providing at least 40% inhaled oxygen, and tubing
- 2 x oxygen masks (Paediatric) providing at least 40% inhaled oxygen
- 2 x nebuliser packs (Adult) and 2 x nebuliser packs (Paediatric)
- 2 x nasal cannula for oxygen

- Bag-valve-mask reservoir resuscitator (Adult and Paediatric) with a range of transparent masks
- Bag-valve-mask reservoir resuscitator (Neonate)
- 1 x positive end-expiratory pressure valve (PEEP)
- Oxygen supply, providing 30 minutes of oxygen at 15 litre per minute minimum, i.e. 1 x fixed 10-litre O2 cylinder and gauge minimum
- 1 x portable 2-litre O2 cylinder and gauge minimum
- 1 x suction apparatus (hand, foot or battery operated)
- Range of hard and soft suction catheters
- 4 x neonatal suction catheters (2 x No. 5 and 2 x No. 8)
- Oropharyngeal airways (1 x No. 000; 2 x No. 00; 2 x No. 0; 2 x No. 1; 2 x No. 2; 2 x No. 3)
- Nasogastric tubes – complete range of sizes and urine bags 9
- 1 x set of cricothyroidotomy equipment
- p) Pulse oximeter
- q) 1 x humidification device
- r) End-tidal carbon-dioxide monitor
- s) 2 x each 10 ml and 20 ml syringes
- t) 1 x pair of sharp scissors
- u) Ventilator (Adult and Paediatric)
- v) 2 x Heimlich flutter valves and urine bags
- w) Laryngoscope set with:
 - Blades (Adult and Paediatric)
 - Spare batteries
 - Endotracheal tubes, disposable type (complete range of sizes, Paediatric to Adult)
 - Endotracheal-tube-fastening mechanism or tape
 - 1 each endotracheal-tube introducer (Paediatric and Adult)

- 1 each Magill's forceps (Paediatric and Adult)
- Water-soluble lubricant gel.

Circulation:

- 2 x normal saline 200 ml
- 6 x 1-litre balanced salt solution
- 2 x 60-drop fluid administration sets
- 4 x 10 – 15-drop fluid administration sets
- 1 x high-capacity fluid administration set
- 4 x 14G cannula/needles
- 4 x 16G cannula/needles
- 4 x 18G cannula/needles
- 4 x 20G cannula/needles
- 4 x 24G cannula/needles
- 2 x infusion pressure bag and 1 x infusion pump
- Antiseptic solution – 100 ml or equivalent
- Sphygmomanometer with cuffs (Adult and Paediatric)

8. ASSESSMENT/EVALUATION CRITERIA

8.1 Pre-Qualifying Criteria

- 8.1.1 Only bidders who have a valid Tax Pin or Tax Clearance Certificate will be assessed.

8.2 Technical Evaluation

- 8.2.1 In order to facilitate a transparent selection process that allows for an equal opportunity to all bidders, SIOC-CDT has a Supply Chain Management policy that will be adhered to. Proposals will be technically evaluated in terms of the prevailing Supply Chain Management policy applicable to SIOC-CDT, from time to time.

- 8.2.2 Bidders must score a minimum of **70 out of 100 points** on the assessment/evaluation criteria to be recommended as a preferred service provider.

Table 1 - Technical Evaluation Criteria

CRITERIA	SUB-CRITERIA	WEIGHTING/ POINTS
Methodology and Approach (Evaluates the service provider's understanding of the project context, implementation plan, and responsiveness to emergency transport needs, including maternal emergencies.)	<p>Understanding of Context and Service Needs (10 points)</p> <p>Demonstrates knowledge of local health needs, emergency response challenges, and alignment with project objectives.</p> <p>PoE: Situation analysis; needs assessment; local health statistics; references to health frameworks or policies.</p> <p>Implementation Plan and Service Delivery Approach (5 points)</p> <p>Clear, realistic plan with timelines, roles, and operational procedures.</p> <p>PoE: Work plan; SOPs; referral and dispatch protocols; timeline.</p> <p>1.3 Risk Management and Adaptability (5 points)</p> <p>Identification of risks and mitigation strategies related to ambulance service delivery.</p> <p>PoE: Risk assessment matrix; contingency plans.</p>	20
Technical Capability Assesses the suitability of ambulances, compliance with regulations, and ability to meet specific needs.	<p>Condition and Suitability of Ambulances (5points)</p> <p>Vehicles must be roadworthy, fully equipped, and compliant.</p> <p>PoE: Vehicle registration; compliance certificates; equipment lists; photos.</p> <p>Maternal Emergency Transport Capability (5 points)</p> <p>Evidence of maternal-specific equipment and protocols.</p> <p>PoE: Equipment lists; protocols; CVs of relevant staff.</p> <p>Compliance with Local and National Regulations (3 points)</p> <p>Licenses, permits, and policies showing regulatory</p>	15

	<p>compliance.</p> <p>PoE: Licenses; certificates; operational policies.</p> <p>Dispatch and Referral Systems (2 points)</p> <p>Effective systems for ambulance deployment and patient referral.</p> <p>PoE: Dispatch SOPs; coverage maps; communication system details.</p>	
<p>Organisational Capacity and Experience (Measures institutional capacity and experience in ambulance or emergency services.)</p>	<p>Organisational Experience (5 points)</p> <p>3+ Years of relevant experience supported by reference letters.</p> <p>PoE: Company profile; 3 signed reference letters dated within 5 years.</p> <p>Staff Experience and Qualifications (5 points)</p> <p>CVs and certifications of key personnel including HPCSA registration. (Not less than years' experience)</p> <p>PoE: CVs; registration certificates; employment or deployment plans; organogram.</p> <p>Staff Training and Compliance (5 points)</p> <p>Training in emergency care, obstetrics, life support, disaster management.</p> <p>PoE: Copies of qualifications and certificates.</p> <p>Insurance and Liability Cover (Total: 5 points)</p> <p>The organisation must demonstrate that all ambulances will be covered under a comprehensive insurance policy, including third-party and collision coverage.(2 Points)</p> <p>PoE: Valid insurance certificate or policy schedule.</p> <p>Professional indemnity and liability cover (2 points)</p> <p>The organisation must provide proof of liability cover that protects staff and passengers in case of injury, negligence, or malpractice.</p>	<p>20</p>

	<p>PoE: Valid professional indemnity or liability policy document.</p> <p>Insurance with adequate coverage limits aligned to project scope (1 point)</p> <p>Insurance cover should reflect appropriate coverage values (e.g. R5 million or more) that match the scale of ambulance operations.</p> <p>PoE: Summary of policy coverage limits or confirmation letter from insurer.</p>	
<p>Operational Readiness and Responsiveness(Ability to provide 24/7 service with reliability and rapid response)</p>	<p>24/7 Service Availability (10 points)</p> <p>Staffing plans and proof of continuous service availability.</p> <p>PoE: Rosters; duty schedules; call centre staffing.</p> <p>Response Time and Reliability (5 points)</p> <p>Response time standards and historical performance.</p> <p>PoE: SOPs; sample reports; GPS tracking data.</p>	15
<p>Monitoring and Evaluation Plan(System for tracking service</p>	<p>M&E Framework and Indicators (10 points)</p> <p>Plan to measure response times, patient satisfaction, and utilization.</p> <p>PoE: M&E plan; indicator list; reporting templates.</p> <p>Data Management and Feedback (5 points)</p> <p>Processes for data collection, verification, and using feedback for improvement.</p> <p>PoE: Feedback forms; reporting systems; complaint resolution policies.</p>	15
<p>Financial Capacity Financial health and ability to manage funds responsibly.</p>	<p>Audited financial statements from the last two years demonstrating stability.</p> <p>0 Points: Outdated or missing financial statements.</p> <p>PoE: Signed audited financial statements (income statement, balance sheet, auditor's report).</p>	5

Sustainability Plan	Sustainability and capacity-building plans. PoE: Sustainability plan; capacity-building documents.	5
Presentation (Clarity and understanding demonstrated during proposal presentation)	Quality and engagement of presentation. PoE: Virtual presentation assessed by panel.	5
TOTAL		100

Final Appointment Clause

The appointment of the selected service provider will be subject to a final inspection of the ambulances and related equipment to ensure full compliance with all applicable national and provincial health and safety regulations. Only upon satisfactory inspection and verification will the appointment be confirmed.

8.3 Price and B-BBEE Evaluation Criteria

- 8.3.1 In order to facilitate a transparent selection process that allows an equal opportunity to all bidders, SIOC-CDT has a Supply Chain Management policy that will be adhered to. As in respect of technical evaluation criteria, proposals will also be evaluated in accordance with B-BBEE evaluation criteria in terms of the prevailing Supply Chain Management policy applicable to SIOC-CDT, from time to time.

Table 2 - Price and B-BBEE

Criteria	Weightings (R1M)
Price	80
B-BBEE Scorecard (focusing on SMME and local talent development)	20
TOTAL	100

9. INSTRUCTIONS TO BIDDERS

- 9.1 Bidders are to ensure that they have adequate resources to undertake the project under stringent timeframes. It is accordingly recorded that by submitting a bid, the bidder undertakes and warrants that it has adequate resources, skills and know-how to undertake the completion of the project under the timeframes set out, therefore.

10. PRICING

- 10.1 Prices should be based on the required scope of work.

11. TERMS AND CONDITIONS

- 11.1 This invitation shall remain valid until the Closing Date, following which the invitation shall automatically lapse. SIOC-CDT shall be under no obligation to consider any proposals submitted after the Closing Date. SIOC-CDT reserves the right, under exceptional circumstances, to extend the closing date for bidders to submit proposals.
- 11.2 The bidder acknowledges that this RFP constitutes an invitation to submit offers and that the submission of a proposal shall constitute an offer which SIOC-CDT, shall in its sole and absolute discretion, notwithstanding anything to the contrary herein contained, be entitled to accept or reject. Only on the date of acceptance will a valid agreement be constituted between SIOC-CDT and the bidder in relation to the project.
- 11.3 The selection of the qualifying bid (proposals) will be at SIOC-CDT's sole discretion and SIOC-CDT reserves the right not to appoint the service provider and shall not necessarily be obliged to accept the offer of the highest scoring or most affordable quotation/proposal in accordance with the Supply Chain Management policy or otherwise.
- 11.4 The adjudication process does not represent a commitment on the part of the SIOC-CDT to proceed further with that quotation/proposal of the bidder or of any other bidder.
- 11.5 SIOC-CDT reserves the right to make changes on this RFP document. All changes will be communicated to those firms that have responded to this RFP. No reliance shall be placed on other information or comment from any other person
- 11.6 SIOC-CDT shall not be required to provide reasons for the acceptance or rejection of any quotation/proposal and no correspondence pertaining to submissions will be entertained.

- 11.7 If SIOC-CDT does not accept any quotation/proposal, it will declare this RFP call process closed and may then elect to:
- Not to appoint any bidder; and/or
 - Proceed on a completely different basis.
- 11.8 All proposals and all subsequent information received from bidders will not be returned, nor shall SIOC-CDT be responsible for the safe keeping of submissions or the keeping of records or copies in relation thereto.
- 11.9 SIOC-CDT will not accept any responsibility for costs incurred by bidders in preparing and submitting proposals.
- 11.10 SIOC-CDT reserves the right to engage in a process to validate all submissions or claims made in the proposal.
- 11.11 In addition to the provisions of clause 12 below, it is recorded that SIOC-CDT reserves the right to reject a quotation/proposal or cancel the award of the project, if it is determined (in the sole discretion of SIOC-CDT) that the supplier/service provider recommended for award, has engaged in or is associated with corrupt or fraudulent activities (as defined in clause 12 below).

12. CORRUPT AND FRAUDULENT ACTIVITIES

- 12.1 A key to the investment strategy of SIOC-CDT are the principles of transparency and ethics in its dealings with service providers and suppliers, to guard not only against reputational harm but also the tainting of the projects undertaken in accordance with the mission and object of SIOC-CDT.
- 12.2 Accordingly, the bidder, by submitting a proposal/quotation to SIOC-CDT hereby warrants and undertakes that the bidder and its current and former officers and employees:
- 12.2.1 have not been found guilty of any criminal offence involving fraud, theft and/or corruption or any other fraudulent practice, which for purposes hereof shall include a misrepresentation of facts in order to influence the selection process or the execution of a contract or collusive practices among bidders/contractors (prior to or after submission of proposals) designed to establish prices at artificial, non-competitive levels and contrary to the competition laws of the Republic of South Africa (collectively “**Corrupt and Fraudulent Activities**”); and
- 12.2.2 have at all times complied with all applicable anti bribery and anti-corruption laws (including any which have extra-territorial effect) and codes of practice (“**Anti-Corruption Laws**”).

- 12.3 To the best of the bidder's knowledge and belief, each agent, representative or third-party that is or was authorised to act on behalf of the bidder ("**Business Intermediary**") has conducted its business relating to the bidder and past projects in compliance with all Anti-Corruption Laws
- 12.4 The bidder has instituted and maintained appropriate policies and procedures designed to ensure, and which are reasonably expected to continue to ensure, compliance by the bidder and its officers, employees and Business Intermediaries (for the time being) with all Anti-Corruption Laws.
- 12.5 The bidder irrevocably consents to SIOC-CDT and/or its agents doing a background check on the bidder and its officers, including the request for any information available on the bidder from any relevant institution, agency, bureaux or body.

13. CONFIDENTIALITY

- 13.1 Any information relating to the submissions, through the RFP process or otherwise shall be treated in strict confidence by SIOC-CDT.

14. PAYMENT STRUCTURE

- 14.1 SIOC-CDT undertakes to pay in full within thirty (30) days, all valid claims for work done to its satisfaction upon presentation of a substantiated claim/invoice.
- 14.2 Payments will only be made based on the work completed (milestones/ deliverables achieved) as per the project implementation plan to be agreed at the inception of the project.

15. GENERAL

- 15.1 Below are compulsory requirements for this service:
- 15.1.1 It is important to note that the successful bidder will work under the supervision of SIOC-CDT representative, abide by SIOC-CDT Code of Conduct and any other organisational guidelines as may be prescribed by SIOC-CDT from time to time.
- 15.1.2 Kindly submit the following documents:
- **Valid and Original or Certified Copy of B-BBEE Status Level Verification Certificates issued by the following agencies SANAS, IRBA or CCA for companies with a total turnover of R50 million and above, or an affidavit obtainable from Department of Industry (DTI) website in the case of EME's or QSE's;**

- **SARS Tax Pin Number;** and
- **Supplier information sheet** (as attached hereto).

16. CONTACT DETAILS FOR INFORMATION

16.1 Further information regarding technical/design matters can be sent via email to:

kgadi@sioc-cdt.co.za

16.2 Further information regarding supply chain matters can be sent via email to:

Email: scm@sioc-cdt.co.za cc Kabelo.letsoalo@sioc-cdt.co.za

17. SUBMISSIONS OF PROPOSALS

17.1 Proposals, with portfolio/previous work, as indicated above, should be submitted to the below on or before the **18 JULY 2025** by no later than **12:00: to** kabelo.letsoalo@sioc-cdt.co.za

17.2 Clearly indicate the name of the proposal when submitting the proposal:

RFP: PROVISION OF MEDICAL SERVICES IN JOHN TAOLO GAETSEWE AND TSANTSABANE

17.3 If you are not contacted within 10 days after submission of your proposal, then the proposal shall be deemed to have been unsuccessful.