Bid Number: SCMU3-2526-0109-HO	**YES**	**NO**	**COMMENTS**
Does the notice meet the 21 calendar days period before the closing date? If not, an approval from the Accounting Officer should be attached	X		
Is the SCMU number provided?	X		
Is the project description or project name provided?	X		
Is the address where bid documents can be collected provided?	X		
Is the date and time when the tender document/s will be available provided?	X		
Is the price per documents provided where applicable?	X		
Is the information on date, time and the venue of the site inspection/briefing, supplied where applicable?	X		
Is the required CIDB Grading (Designation & Class), provided where applicable)?	X		
Is NHBRC Certification required where applicable?		X	
Is PSIRA certification required where applicable?		X	
Is the Address where bid box is situated provided?	X		
Is closing date and time stated?	X		
Is contact person for SCM Specific & Technical Specific Enquiries provided?	X		
Is the notice in the Approved Procurement Plan? Kindly indicate line item.	X		Line 109
Is the notice form part of the Local Production and Content? If yes, Kindly indicate the percentage		X	

CHECKLIST ON SUBMISSION OF TENDER NOTICES FOR PUBLICATION ON TENDER BULLETIN
(Please tick (☐) the relevant box)

Name of Department: Health

SCM Practitioner: N. Mqongwana Date: 12- 12- 2025

Supervisor: T Notshe Date: 12- 12- 2025