



KZN Works

Private Bag x

Department:
Works

PROVINCE OF KWAZULU-NATAL

Enquiries:

Tel: ()

Fax: ()

Email:

Ref:

Date :

Name and Postal Address of Contractor

Sirs

EXTENSION TO THE PRACTICAL COMPLETION DATE REFUSAL: WIMS NO _____:
ZNQ _____ W: CITY/TOWN/PLACE: NAME OF INSTITUTION: DESCRIPTION OF SERVICE:

I refer to your letter dated _____ addressed to _____, wherein you applied for an extension to the Practical Completion date.

I have to inform you that your application has been unsuccessful.

Yours faithfully

HEAD : WORKS

Name and Postal address of Principal Agent, if applicable

Sirs

Your letter of recommendation dated _____ has reference.

Yours faithfully

HEAD : WORKS

Project Manager	:	_____
Consultant Quantity Surveyor	:	_____ (if applicable)
Consultant Civil/Structural Engineer	:	_____ (if applicable)
Consultant Electrical/ Mechanical Engineer	:	_____ (if applicable)
District Office	:	_____
Projects Programme Manager	:	_____