



# KZN Public Works

Department:  
Public Works

**PROVINCE OF KWAZULU-NATAL**

Private Bag X9041  
PIETERMARITZBURG  
3200  
Tel:  
Fax:  
Enquiries :  
Email:  
Date:

## SITE HANDOVER CERTIFICATE

WIMS NO:

SERVICE DESCRIPTION:

ZNT\_\_\_\_\_W: CITY/TOWN/PLACE: NAME OF INSTITUTION: DESCRIPTION OF SERVICE

TO: Regional Manager  
Department of Public Works  
(Acquisition Management Sub-directorate)  
Private Bag X----

Name of Contractor: \_\_\_\_\_

Site Handover date: \_\_\_\_\_

Please capture this information of WIMS and file this Certificate

Name of Consulting Practice: \_\_\_\_\_

Signature of Consultant: \_\_\_\_\_

Date: \_\_\_\_\_

**Distribution of copies** *(tick applicable who have been forwarded a copy)*

- |   |  |
|---|--|
| <input type="checkbox"/> Client Department                      | <input type="checkbox"/> Contractor                      |
| <input type="checkbox"/> Project Manager                        | <input type="checkbox"/> Quantity Surveyor               |
| <input type="checkbox"/> Regional Projects Programme Management | <input type="checkbox"/> Electrical/ Mechanical Engineer |
| <input type="checkbox"/> Civil/Structural Engineer              |  |

**uMnyango WezemiSebenzi / Departement van Werke**