



KZN Public Works

Private Bag x

*Department:
Public Works*

PROVINCE OF KWAZULU-NATAL

Enquiries:

Tel: ()

Fax: ()

Email:

Ref:

Date :

(As Per Registered Mail and Facsimile)

Name and Postal Address of Contractor

Sirs

**WIMS NO _____ : ZNT _____ W: CITY/TOWN/PLACE: NAME OF INSTITUTION:
DESCRIPTION OF SERVICE: NOTICE OF CONTRACT CANCELLATION/TERMINATION**

1. My letter dated _____ informing you of the intention to cancel/terminate the above Contract, has reference.
2. On _____, the Head : Public Works granted approval to cancel/terminate the Contract and the daily penalty rate of R_____ per day will be calculated from "Practical Completion Date" of _____ as indicated in the Contract Data. You are further advised that the additional costs to engage another Contractor to complete the Works will be recovered from _____ (*insert name of Contracting Firm*). Once all additional costs have been calculated, you will be advised thereof and requested to pay the outstanding amount owed.
- *3. *You are further informed that consideration will be given to suspending _____ (*insert name of Contracting Firm*) for a determined period of time from tendering on any Work undertaken by the KZN Department of Public Works. You will be informed as to the decision in this regard in due course. (delete this sentence if not applicable).*

** Insert, if applicable*

Yours faithfully

HEAD: PUBLIC WORKS

1. **Head**
Department of _____(insert details of client department)

(Fax _____)

2. _____(Principal Agent)

(Fax _____)

Sirs

Kindly take immediate steps to prepare “Completion Documentation” to enable Tenders to be invited. The details are as follows :

TENDER NUMBER : ZNT _____ W (insert)

CONTRACT DESCRIPTION : CITY/TOWN/PLACE: NAME OF INSTITUTION: DESCRIPTION OF SERVICE IS TO COMMENCE WITH THE WORDS “COMPLETION OF”

Contractors’ CIDB Grading Designation (insert)

Construction period (insert _____calendar months)

Date of publication in Government Tender Bulletin (insert date)

Closing date for Tender (insert date)

Closing time for Tender (11 am)

Tender Validity Period (insert)

Document available from (insert physical address)

Tender enquiries (insert name, telephone and fax numbers)

Compulsory site inspection (insert “yes/No”)

Official Briefing session (insert “Yes/No”)

Date (insert)

Time (insert)

Venue (insert address contained in the tender document)

Technical enquiries (insert name, telephone and fax numbers)

OR

Kindly take immediate steps to prepare “Completion Documentation” to enable Urgent Quotations to be obtained from approved selected Contractors. The details of which are as follows :

Selected approved Contractors

- 1. _____ (insert name)*
- 2. _____ (insert name)*
- 3. _____ (insert name)*

QUOTATION NUMBER : ZNQ _____ W (insert)

CONTRACT DESCRIPTION : CITY/TOWN/PLACE: NAME OF INSTITUTION: DESCRIPTION OF SERVICE IS TO COMMENCE WITH THE WORDS “COMPLETION OF”

Contractors’ CIDB Grading Designation (insert)

Construction period (insert _____calendar months)

Date of availability of Quotations (insert date)

Closing date for Quotation (insert date)

Closing time for Quotation (11 am)

Quotation Validity Period (insert)

Venue for receipt of Quotations (insert physical address)

Quotation enquiries (insert name, telephone and fax numbers)

Compulsory site inspection (insert “yes/No”)

Official Briefing session (insert “Yes/No”)

Date (insert)

Time (insert)

Venue (insert address contained in the tender document)

Technical enquiries (insert name, telephone and fax numbers)

You are requested to keep strict records of additional costs to the original Scope of Works in order that this extra expenditure may be recovered from _____ (insert name of defaulting Contractor).

Yours faithfully

HEAD: PUBLIC WORKS

3. _____(Engineer)

(Fax_____)

HEAD: PUBLIC WORKS

4. _____(other Consultants)

(Fax_____)

5. District Head/Manager
_____(insert detail)

6. Project Manager: _____

7. Projects Programme Manager: _____

8. Manager : Budget and Accounting Services _____

A copy of the approval granted by the Head : Public Works to cancel/terminate this Contact will be sent to you by separate submission. Kindly set up this provisional debt in the Books for the Department.

9. Chief Professional: _____

NB: Endorse copies to the Official(s) of the Acquisition Sub-directorate who is/are responsible for:

- Updating WIMS, and
- Gathering statistical data for the Provincial Treasury.

